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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT DURATION COUNTRY PROGRAMME**

Congo

SUMMARY

The present document contains a recommendation for funding from general and other resources for the two-year country programme of the Congo to support activities for which the country programme is in preparation. The Executive Director recommends that the Executive Board approve the amount of $1,878,000 from general resources, subject to the availability of funds, and $5,000,000 from other resources, subject to the availability of special-purpose contributions, for the period 2001 to 2002.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the 'Summary of recommendations for programmes funded from general and other resources" (E/ICEF/2000/P/L.27).

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Basic data (1998 unless otherwise stated)

Child population (millions, 0-18 years)	1.5
U5MR (per 1,000 live births)	168
IMR (per 1,000 live births)	81
Underweight (% moderate and severe)	17
MMR	
Literacy rate (% male/female) (1995)	81/67
Primary school enrolment (% net, male/female) (1995)	59/53
Primary school children reaching grade 5 (%) (1995)	55
Access to safe water (%) (1996)	34
Routine EPI immunization provided by the Government (%) (1995)	-
GNP per capita	US$ 68

One year olds fully immunized against:

Tuberculosis	29 per cent
Diphtheria/pertussis/tetanus	23 per cent
measles	18 per cent
poliomyelitis	21 per cent

Pregnant women immunized against:

Tetanus	30 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The recent civil war lasted from December 1998 to December 1999, with a few brief periods of respite. It was therefore not possible to conduct an analysis of the normal situation in the country. However, it was possible to gather information through a number of targeted surveys, information exchanges and interviews with victims of the conflict. In addition to the significant decline in socio-economic growth noted in previous years, there has been a marked weakening of the situation of children and women in the areas of health, nutrition, education and psychological well-being.

2. Children have paid a heavy toll in the form of pathologies related to the badly damaged ecological environment and infectious diseases. Malaria is the leading cause of mortality, accounting for 23 per cent of hospitalization cases. Diarrhoeal and respiratory diseases are the second leading cause of morbidity and mortality among children under five years old. The incidence of tuberculosis (11 per cent among children) has risen in conjunction with HIV/AIDS (the fourth leading cause of death among children under five years old). The vaccination rate has fallen sharply, and malnutrition has worsened. Severe and moderate emaciation has risen from 4.8 per cent to 34.9 per cent in conflict zones, while kwashiorkor has affected both children and adults. In non-conflict zones, the most common form of malnutrition is chronic malnutrition, which affects 15.3 per cent of children in rural areas.

3. Dysfunction among social and family structures and within the production system has had a negative impact on the physical and mental development of young children and adolescents, many of whom were forcibly recruited by armed militia groups. Despite the lack of reliable data, all the empirical evidence indicates a marked increase in the number of children in need of special protection measures, especially in Brazzaville and Pointe Noire.

4. With regard to education, the steady fall in school attendance observed since the beginning of the 1990s has continued (the primary-school gross attendance rate declined from 126 per cent in 1990 to 78.5 per cent in 1998). The rate has fallen further as a result of the various wars. Following the World Conference on Education for All, the country had set itself the goal of raising the nursery-school enrolment rate from 3 per cent to 10 per cent. Instead, the rate has fallen, to 0.4 per cent. The literacy rate is estimated to be 76 per cent, but there is reason to fear that the situation will deteriorate, given the fact that literacy campaigns have been halted and in view of the high student drop-out rates (62 per cent of children drop out of school before reaching the fifth year of the primary cycle).

5. The overall fertility rate is 5.9 per cent. Women generally have their first child between 13 and 18 years of age. The fact that sexual relations generally begin at an early age (17 per cent begin at 13 years of age and 43 per cent before the age of 15), combined with the effects of sexual violence and prostitution, exposes girls and women still further to the risk of contracting HIV/AIDS.

6. An evaluation conducted in 1995 estimated the availability of safe water to be 58 per cent in urban areas and 11 per cent in rural areas. Given the deterioration of the situation since that time, it is clear that a large part of the population is at great risk of contracting water-borne diseases.

7. The level of psychological damage inflicted is considerable. The number of deaths (estimated at 18,000), the number of internally displaced people (around 810,000), and other abuses resulting from the civil war have left deep psychological scars that may take a very long time to heal.

PROGRAMME COOPERATION, 1999-2000

8. The 1999 cooperation programme was implemented within a context of acute humanitarian crisis. It was adjusted to reflect the new situation by means of a revision of the country-programme management plan, carried out in March 1999. Special emphasis was given to the provision of emergency humanitarian assistance to populations in distress, especially to women and children in the country's four southern regions (Pool, Bouenza, Niari and Lekomou), while the regular programme was implemented in the rest of the country.

9. Immediately after the war broke out, UNICEF intervened in camps of displaced persons, distributing provisions, essential medicines and other necessary aid. As soon as the security situation allowed, essential equipment was provided to displaced persons returning home, and health centres were rehabilitated. These interventions, carried out together with government

departments, the World Health Organization (WHO), the European Union, the International Committee of the Red Cross, French Government aid, Médecins sans frontières and the International Rescue Committee, notably made it possible to halt a cholera epidemic in January 1999 and to save the lives of thousands of severely malnourished children and women.

10. Following the signing of the ceasefire accords, UNICEF helped the Government to organize National Immunization Days against polio, with a vitamin A supplement also being provided. All regions benefited from the three phases of the campaign, which achieved vaccination rates of 82 per cent, 94 per cent and 81 per cent respectively among the 538,000 children targeted. With the aid of joint funding from UNICEF and the European Union, the Rotary Club, WHO, the United States Agency for International Development (USAID) and the company Exxon, all displaced children were systematically immunized against measles and freed of parasites upon their return. Pacified regions were provided with the basic equipment needed to resume routine immunization activities.

11. In the area of education, 230 school supplies kits were distributed to primary schools in Brazzaville and Pointe Noire, and then to the pacified regions, thus benefiting 25,000 school students. UNICEF provided 5,000 bench-tables and, in partnership with the communities, rehabilitated nine Brazzaville primary schools. A counselling centre for traumatized children was rehabilitated and equipped, and around 100 hundred people received training in psychotherapy. Lastly, continued efforts were made to improve the data-collection system, with the training of 236 school statisticians and preparation of the national report on Education for All.

12. Activities designed to monitor the situation of children and women focused on early and high-risk pregnancies and the evolution of vaccination, enrolment, and nutrition rates. Due to the lack of security, however, the data collected are often partial or not very reliable. The intense media campaign surrounding the tenth anniversary of the Convention on the Rights of the Child strengthened advocacy for the rights of children and women, and preparation of the report on the Convention was recently resumed. The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction is currently being studied with a view to its ratification.

13. Two inter-agency "flash" appeals were launched, for the period from July to December 1999 and for the year 2000. At the end of March 2000, UNICEF had collected 1,115,335 dollars of the 2,000,000 dollars requested (56 per cent) for 1999, and 636,222 dollars of the 3,500,000 requested (18 per cent) for 2000. These funds, which came from donors such as the Governments of Canada, the United States, Luxembourg and Norway, helped to improve living conditions (housing, health care, nutrition) in camps of displaced persons, to provide resettlement assistance for those returning to their home regions, and to facilitate reintegration of unaccompanied and traumatized children.

14. Despite the highly precarious security situation, and thanks to the remarkable dedication of its staff, UNICEF never stopped providing on-site humanitarian assistance, throughout all the different crisis situations. Of the activities planned and budget in 1999, 91 per cent were implemented and 83 per cent of objectives were achieved (annual review of programmes).

15. Together with other humanitarian agencies, and with the support of the Humanitarian Assistance Coordination Office, UNICEF has conducted a vigorous advocacy campaign, based on the two conventions, with a view to promoting an approach based on the rights set out in those conventions.

LESSONS DRAWN FROM PREVIOUS COOPERATION

16. The distinction between the notions of the emergency programme and the regular programme tends to become somewhat blurred in a context where UNICEF must permanently adapt to a rapidly changing situation. Whereas the areas of intervention remain the same, priorities, speed of reaction and the ability to react all change. Two complementary approaches will be used: while continued efforts will be made to assist the process of reconstruction, a high degree of emergency preparedness will also be maintained.

17. Partnership operations have been active and fruitful. Thanks to non-governmental organizations (NGOs) and local associations and communities, it has been possible to provide humanitarian assistance more rapidly and more directly to populations hard to reach by public transport alone. Regular dialogue among agencies and with the Government has made it possible to share information and minimize unnecessary actions.

18. The organization of immunization campaigns against polio (even in insecure regions) and the resumption of school activities have been key achievements in the process of national reconciliation and reconstruction. These actions have demonstrated the necessity and importance of developing networks of community development officials, with a view to ensuring that programmes become firmly established and to providing a more effective response to changes in the situation.

RECOMMENDED PROGRAMME COOPERATION, 2001-20002

Estimated annual expenditure

(In thousands of United States dollars)

General resources	2000	2001	Total
Health, water and sanitation	350	350	700
Nutrition	65	65	130
Education (ECCD-SGD)	240	240	480
Protection of children and women	70	70	140
Monitoring and evaluation	110	110	220
Cross-sectoral costs	104	104	208
Subtotal	939	939	1,878

Supplementary funds

Health, water and sanitation	1 000	1 000	2 000
Nutrition	300	300	600
Education (ECCD-SGD)	650	650	1 300
Protection of children and women	150	150	300
Monitoring and evaluation	150	150	300
Cross-sectoral costs	250	250	500
Subtotal	2 500	2 500	5 000
Total	3 439	3 439	6 878

Preparation of the country programme

19. The 2000-2001 programme was developed in conjunction with the Government, the agencies of the United Nations, the NGOs and the organizations of civil society, based on the recommendations of the annual reviews, the conclusions of the preparatory meetings held with governmental partners, the different merits of the various partners, and the results of a number of studies and surveys conducted during the past cycle. Implementation of the programme occurs within the context of a complex transitional phase, as the country begins to move away from war and to resume normal life. The aim of construction and rehabilitation actions is to restore the process of sustainable development.

Goals and objectives of the country programme

20. The programme will be directed at: (a) the promotion and monitoring of the two conventions as essential tools for the improvement of the living conditions of children and women and the promotion of a culture of peace, tolerance, equality and democracy; (b) the provision of special protection to children and women who are victims of armed conflicts and their direct and indirect consequences; and (c) the strengthening of basic social sectors, while maintaining a high degree of emergency preparedness.

Links with national and international priorities

21. The programme takes into account national priorities as defined in the recent Economic and Social Development Programme (PDES) 2000-2002, which includes the National Health Development Plan (PNDS). The programme is also based on the selection and implementation of a minimum package of nutritional measures, which will be integrated into a national nutrition policy. Immunization activities - including the eradication of polio - will conform to the objectives and recommendations of the inter-country meetings of the epidemiological group on the immunization programme. The education programme will help the Government restore conditions for quality universal basic education, with a view to following up on the recommendations of the Dakar World Education Forum (April 2000). The planning, follow-up and evaluation programme will help the Government to evaluate and update the country's Plan of Action for Children (PANE).

PROGRAMME STRATEGY

supplying the appropriate treatment foods and measuring equipment, as well as through staff training; (b) at a national level, promoting the hospital initiative "friends of babies," both at health facilities and in the community; (c) institutionalizing the provision of vitamin A supplements within minimum nutrition packets to integrated health centres and to communities; and (d) promoting household consumption of iodized salt. The main partners will be government technical departments, NGOs, associations and communities, WHO, and the World Food Programme (WFP). General resources will be used to strengthen nutritional supervision and promote micro-nutrients throughout the country. Other resources will be used to fund training activities and purchase materials, treatment products and equipment.

26. The programme on education/early childhood care for survival, growth and development (ECCD-SGD) will help restore the minimum conditions necessary for increasing access to quality basic education. The main strategy will be to develop partnerships, together with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agricultural Organization (FAO), and the WFP, with the aim of transforming schools into welcoming environments. Around 80,000 children will be targeted by this strategy, and special emphasis will be placed on: (a) reintegration of excluded children (including child soldiers), with a 10 per cent reduction in the drop-out rate; (b) development of an infant early-learning programme targeting 20,000 children; (c) implementation of education for peace programmes, both at and outside school; and (d) strengthening of data-collection and data-processing capabilities through the training of 100 school statisticians. With the help of general resources, aid will be provided to 15,000 children in the 2 main cities and 2 rural regions. Other resources will be used to reach 100,000 children in 2 additional cities and 6 additional rural regions.

27. The protection of children and women programme will support multifaceted actions designed to help reduce potential risks to women and children and to improve their status. The strategy essentially aims to strengthen the entire system for the protection of the rights of children and women, through the direct involvement of those concerned in the design and implementation of measures needed to guarantee and improve their physical and moral well-being. Promotion of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the PANE, as well as regulation of the importing of iodized salt and breast-milk substitutes will take place within a context of increased advisory and follow-up activities and with a view to integrating these actions into the country's legislative and educational provisions.

28. The monitoring and evaluation programme is designed to help give fresh impetus to routine data-collection activities and to the conducting of targeted studies and surveys (particularly concerning child soldiers). The Integrated Plan for Monitoring and Evaluation (PISE) will be brought up to date, with a view to taking greater account of indicators concerning the legal protection of children and women and providing data disaggregated by age, gender and district. The process already initiated with the regional office and headquarters (Evaluation, Policy and Planning Division), aimed at strengthening the use of quality indicators, will be pursued in order to evaluate more effectively the results and effectiveness of the programme. Certain indicators that cannot be

obtained by routine data collection will be taken into account within the framework of the multiple indicator cluster survey (MICS). This updated database will serve as a support tool for the preparation of the consolidated inter-agency appeal and for the development of the Common Country Assessment. Particular attention will be given to emergency preparation.

29. The cross-sectoral costs component will aim to improve the operational, logistical and management capacities of the overall country programme. The goal will be to ensure that objectives are attained while improving management efficiency and quality, notably by employing expertise and resources adapted to the context of the implementation of the cooperation programme. Regular resources will be used primarily to finance the costs of programme support staff, as well as the corresponding materials and equipment. Other resources will be employed to obtain complementary expertise and additional logistical support, notably with a view to increasing decentralization of activities (opening of a sub-office in Pointe Noire) and strengthening the support provided to the Government for the development of new programmes.

Collaboration with other partners

30. The partnership initiated with the NGOs, communities and bilateral and multilateral cooperation agencies will be reinforced. UNICEF will support the inclusion in the network of local NGOs and youth groups, with a view to improving their capacities for negotiation and intervention. The interim programme will also offer an opportunity to launch a national partnership for children and women. At the same time, UNICEF will increase its support for the coordination and harmonization of future programme cycles of United Nations agencies.

Programme management

31. The Government will coordinate the programme through the Ministry in charge of the Plan. Planning, execution and monitoring of the various projects will be managed jointly with the government departments, NGOs and associations concerned. Project and operations administrators, as well as partners, will receive training in administrative procedures, including the management of foreign currency aid. The programme will establish regional offices, in order to facilitate access to remote regions. UNICEF will continue to develop its contacts with donors, both local (embassies, private sector) and international. The Government will be requested to make its contribution to the UNICEF budget. The 20/20 initiative will also be promoted and supported.

TABLE

COUNTRY : CÔTE D'IVOIRE

PROGRAMME : 2001-2002

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTOR/AREA AND FUNDING SOURCE	PROGRAMME BUDGET				STAFF (UNITS)			STAFF COSTS ($)		
	RR	RBM	WCR	TOTAL	P/NO/GS/A/P1/P2/P3/P4/P5/D1	D2 UN OTH	TOTAL	OE	LOCAL	TOTAL
REGULAR RESOURCES										
HEALTH, WATER & SANITATION	700 000			700 000	0 0 0 0 1 0 0	1 1 0	2	332 915	80 711	413 626
NUTRITION	130 000			130 000	0 0 0 0 0 0 0	0 1 0	1	0	92 155	92 155
EDUCATION/ECD 500	440 000			440 000	0 0 0 0 0 0 0	0 1 0	1	0	78 552	78 552
PROTECTION OF CHILDREN AND WOMEN	140 000			140 000	0 0 0 0 0 0 0	0 0 0	0	0	0	0
MONITORING & EVALUATION	220 000			220 000	0 0 0 0 0 0 0	0 1 0	1	0	80 711	80 711
CROSS SECTORAL COSTS	208 000			208 000	0 0 0 0 0 0 0	0 1 3	4	0	183 019	183 019
TOTAL RR	1 878 000			1 878 000	0 0 0 0 1 0 0	1 5 3	9	332 915	860 628	793 543
OTHER RESOURCES										
HEALTH, WATER & SANITATION		$	2 000 000	2 000 000	0 0 0 0 0 0 0	0 0 1	1	0	68 912	68 912
NUTRITION		$	600 000	600 000	0 0 0 0 0 0 0	0 0 0	0	0	0	0
EDUCATION/ECD 500		$	1 000 000	1 000 000	0 0 0 0 0 0 0	0 0 1	1	0	33 000	33 000
PROTECTION OF CHILDREN AND WOMEN		$	300 000	300 000	0 0 0 0 0 0 0	0 1 0	1	0	78 552	78 552
MONITORING & EVALUATION		$	300 000	300 000	0 0 0 0 0 0 0	0 0 0	0	0	0	0
CROSS SECTORAL COSTS		$	300 000	300 000	0 0 0 0 0 0 0	0 0 0	0	0	0	0
TOTAL OR		$	5 000 000	5 000 000	0 0 0 0 0 0 0	0 1 3	4	0	180 464	193 464
TOTAL RR & OR	1 878 000	$	5 000 000	6 878 000	0 0 0 0 1 0 0	1 6 6	13	332 915	841 210	973 943
SUPPORT BUDGET		Operating costs Staffing		417 000	0 0 0 1 0 0 0	1 0 0	1	1 151 915	339 931	1 491 846
GRAND TOTAL RR + OR + SB					0 0 0 1 1 0 0	2 6 6	14	1 484 831	1 181 141	2 515 789

	NUMBER OF CURRENT AND PAST POSTS	
	CURRENT ENCUMBRANCES	
	AS A RESULT OF PROGRAMME MANAGEMENT AND STAFFING DECISIONS	

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Recommendation for funding for a short-duration country programme**

Liberia

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Liberia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,699,000 from regular resources, subject to the availability of funds, and $7,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2002.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-55184 (E) 310800

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	1.5
U5MR (per 1,000 live births)	235
IMR (per 1,000 live births)	157
Underweight (% moderate and severe)	-
Maternal mortality rate (per 100,000 live births)	-
Literacy (% male/female)	36/18
Primary school attendance (% net, male/female) (1999)	25.4/24.6
Primary school children reaching grade 5 (%)	-
Access to safe water (%) (1995)	46
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$) (1987)	490[a]
One-year-olds fully immunized against:	
tuberculosis	28 per cent
diphtheria/pertussis/tetanus	19 per cent
measles	31 per cent
poliomyelitis	19 per cent
Pregnant women immunized against tetanus	14 per cent

[a] 1998 estimated range — $760 or less.

The situation of children and women

1. Four years after the end of the 1989-1996 civil war, Liberia is in a chronic post-war emergency period. Anticipated economic improvements have not taken place, and the rehabilitation of roads, electricity and telecommunications has been minimal, limiting substantially the delivery and sustainability of social services. The United Nations system has recently undertaken several studies: the Common Country Assessment (CCA), a demographic and health survey, and a situation analysis of children, based on the Convention on the Rights of the Child. All three studies reflect the tremendous gap between the goals of the Convention and the actual situation of Liberia's children.

2. According to the 1986 census, the population of Liberia is estimated to be 2.6 million, 54 per cent of whom live in rural areas. The annual growth rate is 2.4 per cent. Both the fertility rate (6.7 per cent) and number of girls married by the age of 16 (over 50 per cent) are high. Birth registration, which prior to the civil war was only 30 per cent, declined to 16 per cent in 1998. Estimates from the most recent demographic and health survey put the infant mortality rate (IMR) at 124 per 1,000 live births, under-five mortality rate (U5MR) at 150 per 1,000 live births, and maternal mortality rate (MMR) at 730 per 100,000 live births. The major causes of under-five morbidity are acute respiratory infections (ARI) (53 per cent), malaria (35 per cent) and diarrhoeal diseases (22 per cent). Together, these three account for more than 50 per cent of child deaths. There are high numbers of children under five who are underweight (26 per cent) or stunted (39 per cent). Iron deficiency anaemia and vitamin A deficiency are public health problems for children 6 to 35 months of age (87 per cent and 53 per cent, respectively), and for women between the ages of 15 and 49 (58 per cent and 12 per cent, respectively). The HIV/AIDS pandemic is spreading rapidly, and currently affects 5 per cent of the population between the ages of 15 and 49.

3. The health delivery system is generally based in fixed facilities in urban areas, provides only curative

services, and suffers from a chronic lack of trained personnel. The country has only 42 trained traditional midwives, 120 physician assistants, 185 nurses and 135 registered doctors (only 32 of whom are in the public sector). Immunization coverage for children 12 to 24 months with all expanded programme on immunization (EPI) vaccines was 25 per cent in 1998. According to recent government figures, only 53 per cent of the population has access to safe water (70 per cent in urban areas and 44 per cent in rural areas), and only 36 per cent has access to some form of improved sanitation facilities (71 per cent in urban areas and 18 per cent in rural areas). There is a high prevalence of children under the age of 15 with disabilities (16.5 per cent); of those with impaired mobility, it is estimated that 13 per cent suffered war-related injuries and 56 per cent have polio.

4. The attendance rate in primary schools is 25.4 per cent for boys and 24.6 per cent for girls; 37 per cent of urban children are enrolled in school, as opposed to 20 per cent of rural children. The gross enrolment rate is 74.9 per cent for boys and 66 per cent for girls. Within the school system, there is a critical shortage of classrooms, text books and instructional materials. Only 2,471 primary schools are open — about one half the schools operating before the war. Only 3,000 of 12,000 primary school teachers have received formal training. Curricula are outdated, reflecting a strong gender bias, and include minimal teaching of life skills.

5. The civil war exacerbated the level of violence, affected moral values in communities and among families, and produced a weak legal framework for the protection of human rights. During the war, many crimes were perpetrated both by and on children. Some 4,306 children were officially disarmed and demobilized following the hostilities. Of the 4,853 documented cases of unaccompanied and separated children in 1997, 1,856 have been united with their families; 80 recognized orphanages provide shelter to approximately 4,700 children, many of whom have at least one living parent. Since 1997, there has been an increase in the number of children living in the streets and involved in alcohol or drug abuse and prostitution.

6. Liberia has experienced negative economic growth in its gross domestic product, estimated at -3.6 per cent per annum since 1980. During the war, per capita income declined from $475 in 1989 to only $83 in 1997, and the national budget from $226 million in 1979/80 to $64 million in 1999, when the external debt reached $3.3 billion. Over the last decade, extra-budgetary expenditures averaged approximately 40 per cent of the national budget. Today it is estimated that 80 per cent of the population live below the poverty line, and about 55 per cent live in absolute poverty.

Programme cooperation, 1999-2000

7. The objectives of the 1999–2000 short-duration programme were to: (a) revitalize basic social services, including primary health care and basic education, in order to reduce infant, child and maternal mortality; (b) facilitate the reintegration of war-affected children into social and community structures; and (c) advocate for and promote the rights of Liberian children and women.

8. Key activities under the health programme included support to the revitalization of 120 government health facilities, whose health workers were trained in basic primary health care skills. Additionally, 280 health facilities benefited from a regular supply of UNICEF-procured essential drugs, covering approximately 80 per cent of the population. In 1999, UNICEF supported the preparation of national policy documents on malaria, EPI and vitamin A utilization. A survey on micronutrient deficiencies (vitamin A, iron and iodine) in 1999 and a broad nutrition survey in 2000 were carried out in coordination with non-governmental organizations (NGOs) and the Ministry of Health and Social Welfare. Since the start of the war, UNICEF has been the sole provider of cold-chain equipment and vaccines in Liberia. Polio eradication activities have attained coverage higher than 90 per cent in three rounds of national campaigns carried out in 1999 and four rounds carried out in 2000. In both these years, a massive distribution of vitamin A during the first round reached 90 per cent of children between 6 months and 5 years of age. Some 168 new wells with handpumps were built and 286 were rehabilitated, and 375 families and 40 institutions were provided with latrines, which represent 75 per cent of the activities planned.

9. The child development programme supported the design and first phase of implementation of a project to enable out-of-school children between the ages of 13 and 18 to acquire basic literacy and numeracy skills, thus making up for lost educational opportunities

during the civil war. The programme, which compresses six years of primary education into three, was launched in September 1999 and has involved 2,000 students to date. A baseline study on the status of girls' education and life skills promotion in schools was carried out, and initial corrective interventions were developed. UNICEF assistance also focused on teacher training and curriculum development. Approximately 1.1 million elementary school textbooks, corresponding to 50 per cent of the country's needs, were purchased and distributed to charities and public schools, in cooperation with a network of Christian NGOs.

10. In 1999, the protection programme supported the last phase of a reintegration project started in 1995, through which 6,000 war-affected youth were assisted at 22 vocational training centres, in 13 of the 14 counties. Support was also provided to the formulation of policies and plans to enhance special protection measures for vulnerable children, adolescents and women. A National Child Protection Network was established which comprises the Bureau of Social Welfare, the judiciary, national police and a number of NGOs. UNICEF also supported improved protection measures for children in conflict with the law, through training of some 90 magistrates in 4 counties with jurisdiction over juvenile justice. Other important cooperation activities included: the compilation of an inventory of orphanages, which has contributed to the formulation of new, community-based alternative strategies to institutional care; and the establishment of an orthopaedic centre to rehabilitate war-affected youth, which, since its inauguration in August 1999, has produced and fitted 60 prostheses per month

11. The promotion and protection of child rights was supported by an analysis of the situation of children that formed the baseline for Liberia's first report to the United Nations Committee on the Rights of the Child. Supported by UNICEF, this process was based on extensive cooperation among the Government (led by the Ministry of Planning and Economic Affairs), different organs of civil society (under the umbrella of the Eminent Persons Group for Children), members of the international development community, NGOs and the private sector.

Lessons learned from past cooperation

12. The Government's capacity to deliver social services remains severely constrained by lack of significant budget allocations. This, combined with a degree of political instability, makes a short-duration programme suitable as a framework for UNICEF cooperation. Increased effectiveness of training activities supported by UNICEF, and advocacy for commitment of public funds are necessary to achieve full revitalization of health and school facilities, following a successful phase of physical reconstruction.

13. UNICEF has learned the importance of creative and innovative strategies to address children's needs. One such example is the empowerment of communities to maintain schools and support teachers through the establishment of parent-teacher associations. Social mobilization was found to be extremely effective, especially by using cultural dance and song. This is evidenced by the success of the immunization campaigns and is influencing the planning of mobilization strategies for other key activities in 2001-2002.

14. Due to the weak infrastructure and lack of commitment of public funds, UNICEF found a need to support a national drug system, at the expense of preventive programme interventions. In 2000, this prompted the organization to gradually reduce its support to essential drugs programmes and increase its advocacy and technical support for sustainable drug management strategies, in line with the Bamako Initiative. In the area of reintegration of former child soldiers, the lack of vocational skills, in a market where supply exceeds demand, prompted a review of the project, resulting in a shift towards the promotion of literacy; emotional and psychosocial life skills; and social reintegration in communities.

Recommended programme cooperation, 2001-2002

Estimated annual expenditure

(In thousands of United States dollars)

	2001	*2002*	*Total*
Regular resources			
Survival, care and special protection	450	450	900
Education, development and learning	445	445	890
Communication, rights promotion, monitoring and evaluation	300	300	600
Cross-sectoral costs	154	156	309
Subtotal	**1 349**	**1 350**	**2 699**
Other resources			
Survival, care and special protection	1 900	1 900	3 800
Education, development and learning	920	920	1 840
Communication, rights promotion, monitoring and evaluation	500	500	1 000
Cross-sectoral costs	180	180	360
Subtotal	**3 500**	**3 500**	**7 000**
Total	**4 849**	**4 850**	**9 699**

Country programme preparation process

15. The definition of priorities for the 2001-2002 short-duration programme began in 1999 with the rights-based situation analysis, which involved a broad spectrum of partners from the Government, civil society, private sector and international community, including other United Nations agencies. The process was facilitated by the Government, UNICEF, the Eminent Persons Group for Children, and a national reference group comprising senior officials from relevant ministers, key NGOs, international partners and institutions of higher learning, under the chairmanship of the Minister of Planning and Economic Affairs. At the National Policy Conference on Children in November 1999, the findings of the study were analysed, and an agreement was reached on the strategic thrust of a rights-based, first-ever National Plan of Action (NPA) for Children, with implementation guidelines. The NPA that evolved from this process incorporates strategies to reach the goals of the World Summit for Children. These are measured and reviewed yearly. The short-duration programme for UNICEF assistance comprises support to activities that can ensure progress towards the implementation of Liberia's NPA for Children in its first phase (2001-2002).

Country programme goals and objectives

16. The overall goal of the country programme is to contribute, within the context of post-war rehabilitation, to the reduction of high levels of child and maternal mortality, to increase the proportion of children with successful learning achievements in primary schools, and to enhance the national response to the need for special protection for children who are victims of negligence, abuse and exploitation. The objectives established by the three proposed programmes are to: increase from 30 per cent to 70 per cent vaccine coverage of children under one year of age; to stop transmission of wild polio virus; to reduce child mortality due to diarrhoea, ARI and malaria; to reduce child malnutrition due to diarrhoea and

inappropriate feeding practices, to reduce the risk of sexually transmitted diseases and early pregnancies; and to reduce the frequency of the most preventable causes of maternal death. The programme also seeks to: increase access, especially of girls, to primary school; increase learning achievement in primary schools; increase awareness and self-reliance of children's caretakers, children themselves and community leaders to respond to Liberian children's needs and rights; monitor and disseminate child-related indicators; and advocate for increased national support to the full implementation of the Convention on the Rights of the Child.

Relation to national and international priorities

17. UNICEF, as part of the United Nations country team, will support activities that implement United Nations reform, including the production of a second CCA to lead to a United Nations Development Assistance Framework (UNDAF). The NPA for Children, a product of the UNICEF-supported Committee on the Rights of the Child reporting process, is integrated within the Government's medium-term planning exercise as part of the national reconstruction programme.

Programme strategy

18. The country programme comprises three programmes, while the cross-cutting issues of HIV/AIDS and special protection are mainstreamed throughout the various components. In all programmes, the strategies are part of the NPA for Children. The Convention on the Rights of the Child promotes the concept that children are entitled to established rights, and supports the need to revise national laws and policies. A further cross-cutting strategy in pursuing the objectives of all the programmes will be the empowerment of families, caregivers and staff working on the frontline in basic services. UNICEF will strategically combine partnerships with the Government and NGOs, including the main religious agencies, according to their technical and managerial capabilities. In one of the 14 counties, Bong, with a population of 450,000, the entire series of activities presented below will be implemented. Intensive activities for maternal mortality reduction, reintegration of high-risk children and prevention of HIV/AIDS will take place in three additional counties, Nimba, Bomi and Rivercess. Advocacy, policy development and communication strategies will benefit the entire country.

19. The *survival, care and special protection programme* comprises: child survival and care; adolescent health and reproductive care; and special protection. This includes the following activities: immunization acceleration, plus universal vitamin A distribution to children under the age of five, especially through planned outreach activities; mass dissemination of information on the appropriate care for diarrhoea and malaria, emphasizing home-based care and piloting the promotion of impregnated bed-nets; and promotion of culturally sensitive and effective practices of child-feeding and hygiene. Within this component, the focus will be on children up to five years of age, and special attention will be given to those separated from their families and affected by HIV/AIDS, including their physical, emotional and mental development. Improved access to safe water and basic sanitation will be promoted in selected rural areas, with emphasis on community participation and in combination with advocacy for the scaling-up of low-cost and sustainable solutions. Other activities include the promotion of safe and responsible sexual behaviour among adolescents; enhancement of the capability of local communities and traditional birth assistants to provide appropriate care and support for referral of the expectant mother; and enhancement of the capability of four county hospitals in emergency obstetric care, completing the revitalization undertaken in 1999-2000. In addition, technical support will be provided to the network of agencies to address the special protection needs of children internally displaced, unaccompanied, living in the streets, orphaned, victim of negligence, abuse or labour exploitation, of in conflict with the law. Support will be given to selected projects that address the need for surveillance, grievance reporting, initial assistance, shelter and rehabilitation of highly vulnerable and abused children. Support will also be given to selected projects that rehabilitate adolescents affected by war, including former combatants. This will be made through the accelerated learning methodology for literacy skills, vocational training and life skill education, and will place high value on the role of local traditional leaders, art and sports as means for reintegration.

20. The *education, development and learning programme* has two interrelated and mutually reinforcing projects: strengthening access, quality and relevance of early childhood development activities and basic education; and accelerated learning for war-affected children who are beyond school age. In respect to the access to education, activities combining advocacy and mobilization at all levels, engaging the Ministry of Education and civil society organizations, will be implemented to eliminate the barriers to girls' education. In support of quality and relevant education, the main activities will be: monitoring of learning achievements and curriculum reform (also introducing life skills); teacher training; provision of educational materials; and promotion of parent and community participation in school governance.

21. The accelerated learning project will offer a programme that compresses six years of regular primary school into three. Following the pilot and implementation phase (1999-2000), which was concentrated in the public sector, this will provide an accelerated route to an additional 10,000 over-age children who were not able to continue their education due to the disruption of the war, through the substantial engagement of NGOs and schools run by charities.

22. Within the *communication, rights promotion, monitoring and evaluation programme*, the monitoring and evaluation project will focus on: the assessment of the goals included in the NPA for Children launched in 2000, and will concentrate on further analysis of data made available between 1998 and 2000, particularly those reflected in Liberia's report to the Committee on the Rights of the Child and the study on family care practices, as well as others generated on a routine basis (disease surveillance, school enrolment). The results of these analyses will provide a solid basis for a broad movement for Liberian children, strengthened through national and county-based advocacy and mobilization activities. Major activities within the advocacy and communication project are: the development and dissemination of information materials for various audiences; the strengthening of partnerships with the national media; and the organization of special advocacy events with the participation of children. The processes and outputs of advocacy and communication efforts will support UNICEF priority actions for children in the Liberian context, encouraging local stakeholders at all levels to take action to uphold children's rights.

23. Through the *cross-sectoral costs* component, provision will be made to cover costs of personnel in the programme sections and in complementary cross-sectoral monitoring and evaluation, advocacy and communication activities.

Monitoring and evaluation

24. An annual review and a programme review are scheduled for the last quarter of 2000 and 2001, respectively. The office will utilize the implementing and monitoring instruments included in the country programme management plan. The following will play a crucial role in ensuring consistency and good quality of office programming and management: weekly country management team and monthly programme management team sessions; and the biannual updating, analysis and sharing with the regional office of the standardized quality assurance indicators for programme and operation. The preparation of an integrated monitoring and evaluation plan will maximize the office's efforts to obtain and use data and evaluations undertaken under different programmes. In addition, a programme/financial audit is planned for 2001 and an evaluation of vaccine coverage for 2002.

Collaboration with partners

25. Within the resident coordinator system, UNICEF will continue to collaborate actively with other United Nations agencies, provide leadership on issues of children's rights, and effectively contribute to the United Nations theme groups on gender, environment, humanitarian issues, food security and governance. In coordination with regional and headquarters offices, and following up on steps undertaken in 1999-2000, UNICEF Liberia will expand its information-sharing and reporting activities with donor Governments and National Committees for UNICEF, to ensure the continued availability of funds for programme delivery.

Programme management

26. While the country programme will be implemented under the purview of the Ministry of Planning and Economic Affairs, NGOs and relevant sectoral ministries will continue to be the primary implementing partners. Partnerships and cooperation

between the Government and civil society will be established through: the NPA Cabinet Committee, chaired by the Minister of Planning and Economic Affairs; and an Intersectoral National Steering Committee and Sectoral Implementation Task Forces for Primary Health Care, Basic Education, Participation and Protection, comprising senior programme managers, relevant United Nations agencies, key implementing NGOs, the private sector and numerous organs of civil society. Regular resources will be used to support policy and strategy development, advocacy, evaluation and communication activities, as well as to implement interventions in Bong County. Other resources will be used to expand the access of children and their families to improved basic health care, education, and water and environmental sanitation services, through increased availability of key supplies and capacity-building activities.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING (STAFF YEARS)

COUNTRY LIBERIA
PROGRAM 2501 2502

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS BY										STAFF YEARS BY		
	RB	FUR	NON	TOTAL										TOTAL			TOTAL
REGULAR RESOURCES																	
SURV., CARE & SPEC. PROT.	930,000			930,000	0	0	0	0	1	0	1	1	0	1	279.271	61,804	341,075
EDU., DEV. & LEARNING	840,000			840,000	0	0	0	0	0	0	1	0	0	1	279.271	111,327	390,598
COMM., RIGHTS FROM, M & E	630,000			630,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	105,000			105,000	0	0	0	0	0	0	1	1	0	2	0	224,110	224,110
TOTAL RR	2,505,000			2,505,000	0	0	0	0	2	0	3	2	0	5	558,542	397,241	955,783
OTHER RESOURCES																	
SURV., CARE & SPEC. PROT.		0	2,805,000	2,805,000	0	0	0	0	0	0	0	0	0	0	0	141,848	141,848
EDU., DEV. & LEARNING		0	1,947,000	1,947,000	0	0	0	0	0	0	0	0	0	0	0	52,057	52,057
COMM., RIGHTS FROM, M & E		0	1,995,000	1,995,000	0	0	0	0	1	0	1	0	0	1	279.271	80,184	359,455
CROSS-SECTORAL COSTS		0	945,000	945,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	7,692,000	7,692,000	0	0	0	0	1	0	1	0	0	1	279.271	274,089	553,360
TOTAL RR & OR	2,505,000	0	7,692,000	10,197,000	0	0	0	0	3	0	4	2	0	6	837,813	671,330	1,509,143
UNDER BUDGET			Operating costs	1,192,857											1,116,542	1,116,542	2,233,084
			Overhead												279.271	279.271	558,542
GRAND TOTAL (RR + OR + UB)															1,396,813	1,396,813	2,793,626

Number of posts and staff years
Current programme cycle
As a result of proposed programme cycle reductions

RR = Regular resources
OR = Other resources
RPA = Target for programming
FUR = Fund for unfunded requirements
NON = Non-target resources
TE = Technical Assistance
NO = National Officers
GS = General Service
LO = Locally Funded

a/ Each post supported at the country office supports the country programme as a whole
b/ Including temporary assistance and overtime

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Item 3 of the provisional agenda*

Recommendation for funding for a short-duration country programme**

Brazil

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Brazil with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $755,000 from regular resources, subject to the availability of funds, and $13,900,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2001. In addition, the Executive Director recommends that the Executive Board approve an increase of $4,100,000 in other resources for the year 2000.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54882 (E) 060900

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	60.2
U5MR (per 1,000 live births)	42
IMR (per 1,000 live births)	36
Underweight (% moderate and severe) (1996)	5.7
Maternal mortality rate (per 100,000 live births) (1996)	160
Literacy (% male/female) (1996)	86/85
Primary school enrolment (% net, male/female) (1996)	93/94
Primary school children reaching grade 5 (%) (1995)	71
Access to safe water (%) (1996)	83
Routine EPI vaccines financed by Government (%) (1997)	100
GNP per capita (US$)	4 630
One-year-olds fully immunized against:	
tuberculosis	99 per cent
diptheria/pertussis/tetanus	94 per cent
measles	96 per cent
poliomyelitis	96 per cent
Pregnant women immunized against tetanus	30 per cent

The situation of children and women

1. In Brazil, the Convention on the Rights of the Child was adapted to the national context as the Child and Adolescent Statute (ECA), introduced in 1990. It has been key in placing child rights on the national agenda and mobilizing the Government and civil society to promote the rights of 60.2 million children and adolescents, representing 36 per cent of the total population. Since 1999, government and civil society partners and UNICEF have been reviewing ECA implementation, in order to define new medium- and long-term goals and identify new priority areas.

2. Over the last decade, Brazil has adjusted to globalization by developing new technologies, promoting privatization and encouraging foreign investment. Following a 50 per cent currency devaluation in 1999, the economy is on a rebound and inflation has been held under 10 per cent. Nevertheless, increases in per capita gross domestic product have not reduced the poverty of millions. According to 1988 World Bank data, socio-economic disparities are greater in Brazil than in any other country in the world. As a consequence of fiscal measures agreed upon with the International Monetary Fund (IMF), economic growth and social investment have suffered, affecting the most vulnerable groups. Twenty-one million children live in households with incomes below $37 per month, which represents half the minimum wage of $75 per month.

3. The infant mortality rate (IMR) decreased from 82 per 1,000 live births in 1980 to 36 per 1,000 in 1998. Nearly half of these were perinatal deaths. Regional disparities range from 22.5 in the south of the country to 83 in the north-east. The under-five mortality rate (U5MR) declined from 135 per 1,000 live births in 1970 to 42 per 1,000 in 1998. Every child has a legal right to a name and nationality, especially since adoption of a 1997 law that guarantees free birth registration. Nonetheless, 27 per cent of the 3.5 million children born each year in Brazil are not registered during their first year and consequently face problems of formal access to health and social services.

4. In 1997, just 8.7 per cent of children under the age of 3 benefited from early childhood services, as opposed to 57.9 per cent of those between the ages of 4 and 6. Although significant advances in primary education have been made, 1.1 million children aged 7 to 14 have never gone to school. These are mainly working children, the disabled, certain ethnic groups, and rural dwellers from the north and north-east of the country. Because of high repetition and drop-out rates, only 65 per cent of school entrants finish eight years of

primary education. Learning is inhibited by short school hours, low parent-teacher expectations and teacher quality. Child labour has declined by 27.5 per cent since 1992, but an estimated 2.9 million children work to help supplement family income, sacrificing their education and well-being. A national strategy to eradicate child labour involves the Government, a wide range of non-governmental organization (NGO) partners, and scholarship programmes that encourage school attendance.

5. Adolescents have limited leisure and educational opportunities and channels for expression. They are vulnerable to violence and HIV/AIDS, and early pregnancy is a risk for girls. Thirteen per cent of 15–19 year-old girls are mothers. Most live in the north-east of the country and have fewer than eight years of education. The maternal mortality rate (MMR) decreased from 200 per 100,000 live births in 1990 to 160 in 1996. However, despite the fact that 91.5 per cent of deliveries take place in health facilities, there are 8,157 deaths annually from pregnancy-related causes — the highest in Latin America. Risk factors include early pregnancy, poor prenatal care, lack of trained staff and basic equipment, and high incidence of delivery under poor conditions (40 per cent are caesarean deliveries).

6. The Ministry of Health estimates that there are 500,000 people in Brazil who are HIV-positive. In the 1980s, for every 17 infected men there was only 1 infected woman; in 1999, the ratio was 2 infected men to every infected woman. This trend has repercussions in the number of children infected with AIDS through mother-to-child transmission (80 per cent) and in the number of AIDS orphans (around 30,000). The Brazilian Government and NGOs have made HIV/AIDS prevention a top priority.

7. Fifty million Brazilians lack access to proper water and sanitation, most of them living in semi-arid regions. In the Amazon region and urban slums, drinking water and sanitation infrastructure are lacking. The incidence of such illnesses as malaria, leprosy and dengue is increasing.

Programme cooperation, 1994-2000

8. The 1994-2000 country programme concentrated on World Summit for Children goals and on "the right to have rights" for all children and adolescents. Under the promotion of child rights programme, UNICEF supported social rights and the ECA by building public awareness, contributing to policy development favouring child and adolescent rights, and strengthening civil society involvement. Guardianship Councils were formed to assist children with special needs, victims of violence and those without a family. Today, 2,640 Councils function in 43 per cent of the 5,507 municipalities. The justice system was strengthened through local Rights Councils that monitor policy implementation. Many of the 2,365 Municipal Councils and other public-civil society bodies, instituted by the ECA to protect child rights, have been supported. Judges, attorneys and police have also been trained to respect and promote the ECA. In cooperation with the International Labour Organization (ILO) International Programme on the Elimination of Child Labour (IPEC), UNICEF helped raise awareness of child rights abuses and the health risks of child labour. In 1994, child labour was barely recognized as a concern; by the year 2000, the federal budget allocated $105 million to help eradicate the problem.

9. Under the social policies programme, data on children and adolescents were disseminated and social expenditures monitored. The UNICEF country office participated in the 1999 regional evaluation of implementation of the Convention on the Rights of the Child, brought a rights perspective to the evaluation of the Child Labour Initiative with ILO/IPEC and the World Bank, and supported monitoring and evaluation of Education for All and World Summit commitments.

10. The education programme used multiple strategies to promote child rights and improve the quality of primary education. In partnership with civil society and the private sector, campaigns on child rights and enrolment of out-of-school children placed education on the political agenda and increased social demand for education. UNICEF worked closely with the Ministry of Education, national government organizations, municipal education secretariats and the World Bank to channel resources and capacity-building efforts towards the poorest regions and municipalities. Capacity of the 5,507 municipal education secretariats and councils responsible for overseeing primary school funding was strengthened. UNICEF also supported projects addressing the needs of school-age children, through after-school sports, recreation, tutoring, and cultural activities, to encourage enrolment. The issue of

inclusion of disabled children in regular schools received attention.

11. In the health and nutrition programme, UNICEF supported mobilization campaigns and capacity-building for better use of public funds and more reliable health data. Child mortality surveillance committees were established to identify ways to reduce infant and maternal mortality. Health professionals were trained in improved prenatal care and in the evaluation of patient treatment in hospitals. The number of baby-friendly hospitals grew from 5 in 1994 to 146 in 1999. Exclusive breastfeeding for the first three months of life increased from 3.6 per cent in 1989 to 40.3 per cent in 1996. Media materials were prepared on hypertension, high-risk pregnancy, sex education and HIV/AIDS. Sustained media attention encouraged the Government to monitor salt producer compliance with iodine fortification laws, resulting in a fall in goitre incidence from 14.1 per cent in 1974 to 1.4 per cent in 1994. UNICEF supported the NGO Child Pastorate to train over 100,000 community volunteers in family-focused work in nutrition, early childhood care and first aid, leading to a 70 per cent reduction in IMR. UNICEF also supported decentralization of basic health services through the Family Health Programme. Today, 113,000 community health promoters are working throughout Brazil.

12. In the north and semi-arid north-east of the country, UNICEF supported, through the environment and children programme, government and NGO partners in the promotion of locally sustainable technology and adaptation of basic services to regional needs. UNICEF supported NGO training in coping with chronic drought and in construction of rainwater cisterns, and lobbied for government investment in sustainable development in the semi-arid region. Teachers were trained to include environmental education in their classes. Uniting environmental and child labour concerns, UNICEF persuaded sanitation engineers to join with development banks and environmental activists to remove 47,000 children from work in garbage dumps. This coalition now provides over 2,000 scholarships; organizes after-school and school enrichment sessions; makes families aware of child rights and child labour risks; and introduces more systematic recycling efforts.

13. The social mobilization and communication programme identified the media as a strategic partner. Since 1992, when UNICEF supported the creation of the News Agency for Child Rights (ANDI), quality coverage of this area has become a priority for the national media. Training courses have been organized for journalists to keep them abreast of evolving social agendas and child rights issues. In 1999, the media cooperated in publicizing the national campaign for free birth registration, which resulted in the registration of 520,000 children in three months. Through mobilization activities, increased civil society participation has been achieved. Since 1986, UNICEF has collaborated with TV Globo on the Annual Child Hope Campaign, reaching an audience of 60 million with programming on children and adolescents, generating contributions equal to 9.5 per cent of UNICEF programme funds.

Lessons learned from past cooperation

14. In 1997, the mid-term review process identified the value-added benefits of the intersectoral project approach. The sectoral nature of past programming processes has been modified through selection and implementation of intersectoral theme areas such as child labour, sexual exploitation and early childhood care and development.

15. UNICEF has a comparative advantage in its five zone offices in the poorest regions of the country, and in its capacity to promote and support the development of policies and strategies, networking with agencies like the World Bank and local counterparts and mobilizing financial resources for programmes. UNICEF maximizes its impact by coordinating simultaneous multilevel initiatives, including local-level service delivery and capacity-building in the most disadvantaged regions with national-level advocacy, mobilization and policy development efforts.

16. The two UNICEF Private Sector Division (PSD) offices, in São Paulo and Rio de Janeiro, have enabled UNICEF to maintain and initiate new contacts with civil society and private sector partners, leading to increased funding for and participation in child rights issues.

17. Partnership with the media to promote child rights has continued to gain importance. Both the Child Hope campaign and cooperation with ANDI highlight the critical role of the media in the defence of child and adolescent rights.

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

	Total
Regular resources	
Legal and social protection system	-
Reduction of disparities	-
Universal public policies	-
Protection and fulfilment of children's rights	-
Cross-sectoral costs	755
Subtotal	755
Other resources	
Legal and social protection system	973
Reduction of disparities	3 197
Universal public policies	3 753
Protection and fulfilment of children's rights	1 807
Cross-sectoral costs	4 170
Subtotal	13 900
Total	14 655

Country programme preparation process

18. This recommendation contains a request to extend the current UNICEF programme of cooperation until the end of 2001, and to increase the "other resources" funding ceiling for the year 2000 (based on expected third- and fourth-quarter fund-raising with National Committees and the Brazil PSD offices). During this period, the Brazil Common Country Assessment (CCA) will be finalized, the United Nations Development Assistance Framework (UNDAF) exercise will begin, United Nations programme cycles will be harmonized, and the first decade of child rights implementation will be evaluated.

19. The country programme is based on lessons from the 1997 mid-term review and on a 1999 internal UNICEF planning process, during which a new programme was defined, including: legal and social protection systems; reduction of disparities; universal public policies; and protection and fulfilment of children's rights. The proposed short-duration programme was discussed and approved by the Brazilian Cooperation Agency, the UNICEF national counterpart. At the same time, United Nations agencies have agreed to harmonize their programme cycles beginning in 2002.

Country programme goals and objectives

20. The goal of this one-year programme is to guarantee "the right to have rights" for all children and adolescents. Programme objectives are to: (a) guarantee legal and social rights in line with the ECA; (b) contribute to the reduction of disparities in the realization of children's rights; (c) contribute to the formulation, implementation and evaluation of public policies that promote the rights of children, adolescents and women; and (d) mobilize civil society for the protection and fulfilment of children's rights.

Relation to national and international priorities

21. The programme builds upon government and NGO commitments to the ECA, aiming to contribute to the fulfilment of Brazil's implementation of the Convention on the Rights of the Child, World Summit for Children, Education for All, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. Programme strategies respond to government priorities and civil society concerns of addressing child rights disparities, and reflect UNICEF organizational priorities, expressed in the medium-term plan and priority actions in favour of children.

Programme strategy

22. This short-duration programme will retain the strategies of the 1994-2000 country programme, including: social and political mobilization for child rights; capacity-building for decentralization to address disparities; and expansion of service delivery models for the most vulnerable and excluded children. New strategies will respond to programme structure modifications and the life-cycle approach.

23. Under the *legal and social protection system programme*, UNICEF will work to strengthen the judicial system through creation of more courts for the defence of children and adolescents; work with the Parliamentarian Front to keep child rights on the political agenda; and establish additional Rights and Guardianship Councils. Centres assisting children with special needs will also be strengthened. In response to recent revolts in detention centres, UNICEF will advocate for more humane programmes. Staff in these centres will be trained to provide youths with formal primary education, life skills training and recreational activities.

24. In the *reduction of disparities programme*, support for responsive educational strategies in the north and north-east regions will continue, particularly culturally and linguistically appropriate interventions for indigenous groups. Lobbying and training will be promoted among 75 NGOs and 10 cooperation agencies in the semi-arid north-east region to address chronic drought. Child labour eradication and school enrolment efforts will continue, with attention given to children working in waste dumps. Basic health services will be strengthened through expansion of the Family Health Programme, increasing the number of health promoters from the current 113,000 to 200,000, as well as the number of baby-friendly hospitals.

25. In the *universal public policies programme*, efforts will be made to strengthen government and NGO capacity to formulate, implement and monitor policies. Studies will be conducted on perinatal and obstetric care and early childhood care for survival, growth and development (ECC-SGD), and information will be disseminated on the situation of children and adolescents, focusing on promoting policies for ECA fulfilment. IMR and MMR reduction efforts will include: establishment of surveillance committees; creation of mechanisms to examine maternal deaths; and training of health staff to improve prenatal care. In cooperation with the Ministry of Health, a social policy will be adopted for the non-obligatory fortification of wheat and maize flour with iron, and new strategies will be designed for the national HIV/AIDS prevention programme.

26. Government and civil society activities to reach 1.1 million out-of-school primary-school-age children will be supported, especially in the Amazon and rural areas, and for working children, the disabled and certain ethnic groups. Efforts with federal, state and municipal education authorities will strengthen decentralized management capacities for provision of services, use of funds and monitoring of social expenditures. After-school programmes will be expanded, with private sector, NGO and government participation, as part of school inclusion and child labour eradication efforts, and the school scholarship programme will be promoted. An integrated mobilization, policy development and service model strategy will be developed for ECC-SGD activities. In partnership with the Child Pastorate, 100,000 community agents will be supported to begin monitoring psychosocial as well as physical development. In cooperation with *Comunidade Solidária*, an NGO led by the First Lady, efforts will be made to place early childhood development on the political agenda.

27. National free birth registration efforts will be expanded. UNICEF will work with the Institute of Social and Economic Studies (INESC) to monitor social sector expenditures and train municipal decision-makers, guaranteeing that social sector funding will

benefit the poorest. Expansion of the Ceará State certification strategy, which rewards municipalities for progress in the areas of health, education and rights, is also planned.

28. Under the *protection and fulfilment of children's rights programme*, UNICEF will provide the media with quality information on the situation of children's rights. The Radio for Children project will expand distribution of its monthly bulletin to 5,000 radio stations, and journalists will receive training in improving the quality of educational information. The National Child Hope Campaign will raise awareness of child rights and mobilize financial resources. Support will be given to broaden awareness on issues of child labour, health, ECC-SGD, peace in schools, and children working in waste dumps. Assistance will be provided to promote youth participation, prioritizing adolescent-designed strategies and initiatives, the creation of student associations and the design of methodologies to promote discussions on prevention of sexually transmitted diseases, HIV/AIDS and teenage pregnancy. UNICEF will continue to support the final steps of ECA evaluation and the definition of new goals. Public and civil society mobilization will be undertaken by disseminating information on the ECA and by organizing media events.

29. Budget allotments in regular and other resources assigned to *cross-sectoral costs* relate to all four programmes mentioned above, covering cross- cutting activities of a national, intersectoral and advocacy nature; regional initiatives; staff training; technical and support staff, consultant salaries and travel; and operational costs not covered by the support budget.

Monitoring and evaluation

30. Monitoring and evaluation actions will focus on the results and impact of government policies and UNICEF-supported projects, using World Summit for Children and government sectoral indicators, and specific zone indicators based on priority projects. Primary areas of focus include: child rights; reduction of IMR and MMR; child labour; primary school enrolment and completion rates; and adolescent participation. New indicators will be developed for the ECC-SGD area. Post-mid-term adjustments in project implementation and office and programme structures *will be assessed through* a participatory approach to provide inputs for future programme design.

31. Internal information systems will be strengthened with the National Bureau of Statistics and sectoral counterparts to monitor global and regional trends in achievements for women and children, and will provide information for advocacy and mobilization. Monitoring of social sector investment and expenditure will continue. Specific studies and evaluations will be carried out, including: final review of World Summit achievements; completion of the child labour eradication evaluation with ILO/IPEC and the World Bank; the 10-year ECA evaluation process; preparation of a new national demographic and health research plan; a domestic violence situation analysis; and evaluation of the Ceará State certification strategy.

Collaboration with partners

32. UNICEF will collaborate with all levels of government in programme development. Partnerships with NGOs, the media, trade unions, the private sector and United Nations agencies will be strengthened, especially in areas of child rights monitoring, child labour eradication, community health, birth registration, after-school activities and early childhood development. Media linkages will focus on mobilization and advocacy, while private sector partnerships will be expanded in fund-raising, joint project development and political advocacy. Cooperation with United Nations agencies will be strengthened through the CCA and UNDAF processes, while collaborative plans with the World Bank and Inter-American Development Bank will be expanded in the areas of education, child labour, child rights and ECC-SGD initiatives.

Programme management

33. Country programme coordination will be carried out with the Brazilian Cooperation Agency, while national ministries, state/municipal secretariats, and organizations representing decentralized government and NGOs will share programme management responsibilities for sectoral and intersectoral projects. Programme management will emphasize coordinated efforts between the Brasilia Office, the five zone offices and the two PSD offices. With the installation of the programme manager system (PROMS), zone offices will have greater autonomy in programme implementation and monitoring. Decentralization of

implementation, monitoring and evaluation will enhance UNICEF work, within the framework of decentralization policies and civil society participation. Planning, mid-year reviews and annual reporting will be merged into programme monitoring. Based on the modified office and programme structure, an intersectoral design will be used, promoting a child rights approach, based on the life cycle. Management will be participatory, allowing joint decision-making with zone offices and cluster groups.

TABLE

COUNTRY : BRAZIL
PROGRAMME: 2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
CROSS-SECTORAL COSTS	755,000			755,000	0	0	1	4	0	0	5	2	0	7	570,718	177,996	748,714
TOTAL RR	755,000			755,000	0	0	1	4	0	0	5	2	0	7	570,718	177,996	748,714
OTHER RESOURCES :																	
LEGAL AND SOCIAL PROTECTION SYSTEM		0	975,000	975,000	0	0	0	0	0	0	0	0	0	0	0	0	0
REDUCTION OF DISPARITIES		0	3,197,000	3,197,000	0	0	0	0	0	0	0	0	0	0	0	0	0
UNIVERSAL PUBLIC POLICIES		0	3,753,000	3,753,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROT. & FULFIL. - CHILD RIGHTS		0	1,807,000	1,807,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	4,170,000	4,170,000	0	0	0	0	0	0	0	23	31	54	0	2,311,129	2,311,129
TOTAL OR		0	13,900,000	13,900,000	0	0	0	0	0	0	0	23	31	54	0	2,311,129	2,311,129
TOTAL RR & OR	755,000	0	13,900,000	14,655,000	0	0	1	4	0	0	5	25	31	61	570,718	2,489,125	3,059,843
SUPPORT BUDGET			Operating costs Staffing	414,661	0	1	1	0	0	0	2	4	12	18	253,033	683,770	936,803
GRAND TOTAL (RR + OR + SB)					0	1	2	4	0	0	7	29	43	79	823,751	3,172,895	3,996,646
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										7 7	30 29	43 43	80 79	823,751	3,172,895	3,996,646

RR = regular resources.
OR = other resources.
FOR = funded other resources.
NOR = new other resources.
IP = International Professional.
NP = National Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

For the year 2000, an increase in the other resources ceiling in the amount of $4,100,000 is based on expected third- and fourth-quarter fund-raising from National Committees for UNICEF and the UNICEF Private Sector Division in Brazil.

CRC/C/2000/PLIS

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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Colombia

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for the country programme of Colombia. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the country concerned. The Executive Director *recommends* that the Executive Board approve other resources in the amount of $4,000,000, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/2000/14

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27)

00-53524 (E) 140800

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	16.1
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	25
Underweight (% moderate and severe) (1995)	8
Maternal mortality rate (per 100,000 live births) (1994)	80
Literacy (% male/female) (1997)	91/92
Primary school enrolment (% net, male/female) (1995)	90/91
Primary school children reaching grade 5 (%) (1997)	59
Access to safe water (%) (1995)	90
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	2,470
One-year-olds fully immunized against (1998):	
tuberculosis	82 per cent
diphtheria/pertussis/tetanus	70 per cent
measles	75 per cent
Poliomyelitis	72 per cent
Pregnant women immunized against tetanus	57 per cent

The situation of children and women

1. Colombia has 41.6 million inhabitants and a per capita gross domestic product of $2,470. Economic growth has averaged 4.4 per cent for the past 40 years, but fell to 2 per cent in 1998, and minus 5 per cent in 1999, when unemployment reached 21 per cent. An estimated 55 per cent of the population — 18 million people — live below the poverty line. Six and one half million of these are children.

2. Most of the goals of the World Summit for Children have been achieved in Colombia. The national infant mortality rate (IMR) is estimated at 25 per 1,000 live births, though for children in the poorest regions, the rate is 76 per 1,000 live births. Since 1997, all flour produced locally has been fortified with iron, folic acid and vitamin B. In 1998, Colombia was certified as an iodine deficiency disorder-free country. The maternal mortality rate is 80 per 100,000 live births, although there are regions where it reaches a rate of 130 per 100,000.

3. In spite of these gains, serious efforts are still required in certain areas. An estimated 4.5 million Colombian children have not been registered, and approximately 148 cases of intra-family violence per 1,000 people currently occur. From 1990 to 1998, 30,000 people annually died violent deaths. Some 1.7 million children between 12 and 17 work, one quarter of them in what are considered risky occupations.

Seventy per cent of working children do not attend school.

4. An area of particular impact on children is the ongoing insecurity and armed conflict. A report published in February 1999 by "Consulta para los Derechos Humanos y el Desplazamiento" (CODHES), a UNICEF-supported human rights- based non-governmental organization (NGO), indicates that forced displacements are increasing every year and affected 356,000 people in 1999. Seventy per cent of those affected are children and women.

5. A complex situation exists in the south of the country, resulting from problems of narcotics cultivation and trafficking, and the Government's efforts to eradicate these problems, as well as the impact of insecurity and conflict. Thousands of Colombian families are now involved in coca production, which has increased, despite efforts to abolish it. An estimated 97,000 hectares were under cultivation in 1998. Children and adolescents are often attracted to production by potential economic rewards. The first study conducted by the Office of the Ombudsman on the phenomenon of child leaf-strippers in 15 municipalities of Putumayo showed that 11,000 children between the ages of 5 and 18 work stripping coca leaves in this department alone. These children are exposed in their work to health problems, violence, sexual abuse, abandonment, segregation, addiction and recruitment into bands of traffickers or paramilitary groups. They are also excluded from health, education and other social benefits.

Programme cooperation, 2000-2001

6. The approved short-duration country programme for 2000-2001 (E/ICEF/1999/P/L.23) aims to position children's rights as a main concern of the State and civil society. UNICEF cooperation has contributed to the formulation of policies and programmes that promote attention to children, youths and women, as well as accomplishment of World Summit goals, as expressed in the National Plan of Action. UNICEF has also provided strong support to the Children's Movement for Peace. The programme is divided into three closely interlinked focus areas: public policies for children and women; local development; and communication and social mobilization. The programme provides support to local-level planning, monitoring, basic service delivery, and rehabilitation of displaced and vulnerable populations. Support to public policy development aims to improve equity and reduce disparities in selected urban and marginalized areas and rural indigenous regions.

7. The country programme also includes policy mobilization for children and women and leveraging of local resources. Policy breakthroughs have been achieved in micronutrients, water and sanitation, family welfare and maternal mortality. Successful pilot projects that are ready to be replicated exist in education and child labour. Progress is also being made in harmonization of the Children's Code and the Convention on the Rights of the Child.

8. A Common Country Assessment (CCA) has been prepared and a draft United Nations Development Assistance Framework (UNDAF) was completed in 1999. UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Development Programme (UNDP), International Migration Organization (IMO) and Office of the United Nations High Commissioner for Human Rights (UNHCHR) have collaborated on issues related to internally displaced populations. UNICEF has worked with the United Nations Population Fund and the Pan American Health Organization on HIV/AIDS prevention, reproductive health and maternal mortality.

9. UNICEF is supporting basic services interventions in areas affected by coca cultivation and population displacements, including Putumayo department, where 50 per cent of coca crop cultivation in Colombia occurs. Based on this, UNICEF is now proposing a consolidation of its experiences in this department, and an extension of coverage to the neighbouring departments of Caqueta and Meta, as well as Cordoba, in the north of the country. This will be a discrete package of interventions, linked to, but distinct from, other country programming.

Justification for additional funds

10. The approved short-duration programme for 2000-2001 included an amount of $2,000,000 in other resources for each of the two years. UNICEF is now seeking approval to raise the ceiling of other resources, in response to new plans of the Government of Colombia, developed since the submission of the country programme recommendation. The "Plan Colombia", recently proposed by the Government to

support the ongoing peace process, includes a package of social interventions in zones where illegal crops are cultivated, where the presence of the State is still weak, and where the proportion of the population with unsatisfied basic needs is very high.

11. Within this framework, UNICEF has developed a new project proposal. Focus will be on Putumayo and surrounding areas in the south of the country, and Cordoba in the north. These coca production areas are jungle covered and difficult to access, leading to poor coverage of basic services for large portions of the population. The project will include strengthening of municipal management, social mobilization and the provision of basic social services in 15 municipalities that have 80 per cent of the population of these zones. The project would require $4,000,000 for the period 2000 to 2001. Several donors have already expressed interest in funding the project, particularly the United States Agency for International Development and the Canadian International Development Agency.

12. Within the framework of the approved 2000-2001 country programme objectives, and in support of the "Plan Colombia", three interrelated subprogrammes are identified, the objectives of which are to support the fulfilment of the rights of children and their families in targeted areas in the north and south of the country. The first is *emergency care* for populations affected by violence in areas of illicit crop cultivation. This first phase of the programme will support children, adolescents and families displaced because of violence and coca eradication. Activities will include psychosocial care for children affected by violence, through the training of 700 young volunteers, teachers and community/family members. They will be encouraged to use a psycho-affective care methodology, emphasizing creation of educational and play spaces for displaced children and integral care for children affected by the armed conflict. This will include provisional health care, complementary feeding for the undernourished, safe drinking water and environmental sanitation, and short-term subsidies for families abandoning their work with illicit crops, which will lead to income-generating activities.

13. The second area involves longer-term *alternative social development*, which will link the short-term assistance described above with longer-term strategies for rehabilitation and development. Work in this area will centre on training of staff in institutions to analyse the situation of children and prepare local development action plans, emphasizing care for families displaced by violence. Creation of care units for displaced families will be supported; and materials to sensitize governing bodies and communities to support and comply with the rights of displaced families and those involved in illicit crops will be prepared. Primary health care activities will also be supported, emphasizing maternal and child care programmes; training in sanitation and hygiene; construction or rehabilitation of water and sanitation systems with appropriate, low-cost technologies; culturally appropriate training techniques; and strengthening of municipal management of social services.

14. The third area, *social mobilization and advocacy*, will include three main components, all aimed to develop an awareness of rights and peace in targeted communities. These interventions are similar to ongoing programming in social mobilization and rights awareness. "Children's voices for peace and coexistence" will work to strengthen the peace movement, increasing its membership in project areas. "Children as a peace zone" will work to establish "neutral zones" in schools, health centres and temporary shelters for displaced persons, using the "Hand for Peace" educational campaign to strengthen rights and generate a culture of peace in schools, parks and health centres. The "Culture of peace — education on values and conflict resolution" subproject will support information systems on human rights violations and the production of maps of perceived areas of danger; educational materials on values, principles, peace and coexistence; and a training manual for educators on pedagogical processes for developing a culture of peace.

15. Implementation of this project will be carried out in partnership with several locally based organizations, including the Catholic Church and the Boy Scouts. UNICEF has already established a solid relationship with the Catholic Church in Putumayo and Cordoba departments. In spite of the complexity inherent in these conflict zones, UNICEF has managed to continue its operations in conjunction with its partners, through current programming cycles, and thus anticipates that project implementation will be feasible. UNICEF will continue to work closely with UNDP, the United Nations Drug Control Programme, UNHCR, UNHCHR and IMO in interventions in these regions to meet objectives.

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Recommendation for funding for a short-duration country programme**

Honduras

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Honduras with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $870,000 from regular resources, subject to the availability of funds, and $900,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2001.

* E/ICEF/2000/14

** The figures provided in the present document are final and taken into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-55588 (E) 280800

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	3
U-5MR (per 1,000 live births)	44
IMR (per 1,000 live births)	33
Underweight (% moderate and severe)	18
Maternal mortality rate (per 100,000 live births) (1997)	220
Literacy (% male/female) (1995)	70/69
Primary school enrolment (% net, male/female) (1993)	89/91
Primary school children reaching grade 5 (%) (1995)	60
Access to safe water (%) (1999)	78
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$) (1997)	740
One-year-olds fully immunized against:	
tuberculosis	96%
diphtheria/pertussis/tetanus	97%
measles	99%
poliomyelitis	98%
Pregnant women immunized against tetanus	--

The situation of children and women

1. The 1996-2000 UNICEF programme of cooperation in Honduras was seriously disrupted because of the tremendous impact of Hurricane Mitch in 1998. UNICEF Honduras is seeking approval for a one-year, short-duration programme to allow completion of several programming goals, and to bring into harmonization the programming cycles of UNICEF, the United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA). The programme would also consolidate plans for the next phase of cooperation with the Government.

2. Poverty and slow growth have been chronic in the Honduran economy. According to the Economic Commission for Latin America and the Caribbean (ECLAC), between 1981 and 1990, there was negative growth in per capita gross domestic product (-0.8 per cent), with slight growth (0.2 per cent) between 1991 and 1999. Industrial development has been limited, and the country depends on exports of such commodities as bananas, coffee and wood. Hurricane Mitch destroyed much of this productive capacity, worsening the poverty that affects more than 75 per cent of the population. Efforts at national recovery are largely oriented towards economic transformation and physical reconstruction: 1,280 kilometres of roads have been repaired, 21 metal bridges have been built, and an estimated 59,000 houses are under construction.

3. The impact of Hurricane Mitch on child health was severe. It destroyed 12 per cent of health installations, including 20 per cent of hospitals. The incidence of sanitation-related diseases increased, and there was a rise of 84 per cent in diarrhoeal disease, mainly affecting children under 15. Two years after the catastrophe, the infant mortality rate (IMR) once again ranks among the highest in the Americas and the Caribbean. Major childhood diseases — malaria, dysentery and upper respiratory infections — continue to be under-treated due to a lack of infrastructure and qualified personnel, and the inability of much of the population to pay for the medicines that are available. Recovery of the health infrastructure is advancing, with 105 primary health care services and 7 hospitals rehabilitated and functioning. Action has been taken to control cholera, dengue and malaria.

4. Malnutrition continues to be a major problem. According to government figures, almost 40 per cent of

children between the ages of 12 months and 71 months have insufficient height for age, and 25 per cent are underweight. Fourteen per cent of the same age group also suffer from vitamin A deficiency, and 30 per cent are anaemic. The national maternal mortality rate (MMR) is a concern, recorded at 221 per 100,000 live births in 1990 and at 147 in 1997. More positively, immunization coverage has been sustained at over 95 per cent, and no new cases of polio have been reported since 1994. The vaccination of women of child-bearing age with tetanus toxoid has increased from 41 to 88 per cent.

5. Hurricane Mitch also affected water systems. In rural areas, 30 per cent of the population is without access to water and 50 per cent without adequate sanitation. The Tegucigalpa water system is being reconstructed, with 35 kilometres of pipeline completed and a distribution network re-established. Aqueducts have been constructed in 4[illegible]an and 1,700 rural areas. However, much work remains in these areas to bring water systems back to levels that existed before the hurricane.

6. Pre-school coverage for children 4 to 6 years of age increased from 17.1 per cent in 1990 to 38.8 per cent in 1999. However, early childhood care for children under the age of three remains extremely limited. Net primary school enrolment has gradually increased, but the quality of primary schooling is an issue, as indicated by the low completion rates: 46.8 per cent of students do not complete the full primary cycle. Following Hurricane Mitch, an estimated 25 per cent of all primary school classrooms and nearly all nonformal pre-school centres were destroyed. However, government, community and family efforts reduced the impact of this damage on enrolment. Government figures indicate that net primary school enrolment, at its highest in 1997 (87.3) per cent, was only slightly reduced to 85.7 in 1999. Pre-school coverage actually improved, increasing from 163,790 students in 1998 to 202,806 in 1999. Reconstruction of 472 schools has been completed; 747 classrooms, 19 schools, 160 pre-school centres and 6 high schools have been built; and more than 1,000 schools have received furniture and equipment.

7. Adolescents remain a neglected group. High school enrolment covers only 33 per cent of the target population. Urban migration and limited educational opportunities have brought an increase in juvenile and family violence. According to Ministry of Health data, 25 per cent of all deliveries in Tegucigalpa during 1998 were to adolescent girls between 15 and 19 years of age. The major causes of death in the 15-24-year age group are violence and suicide.

8. Based on Ministry of Health data, 10,866 cases of AIDS and 3,158 HIV-positive patients were registered in 1999. Taking into consideration the reality of under-registration, it is estimated that up to 40,000 Hondurans may be infected, most via heterosexual transmission. It is estimated that 42 per cent of all persons infected with HIV/AIDS are women; 4 per cent of all cases are found in the adolescent age group; and 73 per cent are found in the under-40 population. A total of 561 cases of HIV/AIDS was registered for children under 4, with almost all caused by mother-to-child transmission, and 167 cases were registered for the 5-14-year group. The Honduran Association of Persons Living with HIV/AIDS estimates that no fewer than 1,200 children are orphans due to HIV/AIDS. Forty-eight per cent of HIV/AIDS cases are concentrated in San Pedro Sula and Tegucigalpa.

9. The Government and civil society have made important strides in translating commitments of the Convention on the Rights of the Child into legislation, policy development and structural change. In 1996, Congress passed the Code on Children and Adolescents, and the Honduran Institute for Childhood and Family (IHNFA) was established. Honduras has undertaken a recent initiative — led by the First Lady and municipalities — to dramatically increase birth registration, as part of the regional "Right to a Name" movement.

Programme cooperation, 1996-2000

10. The 1996-2000 programme of cooperation aimed to support the fulfilment of children's rights through provision of basic services and strengthening of institutions that guarantee these rights. Social communication, advocacy and training were key strategies to build the capacity of government, civil society, communities and families to promote children's rights and extend protection measures to vulnerable groups. Hurricane Mitch had a severe impacted on these goals, and the country programme was broadened to include support to government relief

and rehabilitation efforts — programmes that will also continue under the proposed programme.

11. Through the health and nutrition programme, in order to reduce maternal mortality, UNICEF provided support for social communication initiatives, training of traditional birth attendants (TBAs), provision of equipment for maternal birth delivery units, and development of norms and training for high-risk births. UNICEF cooperated with the National Associations of Salt and Sugar Producers, providing micronutrients for the first year of project implementation, to ensure that 87 per cent of nationally produced sugar is fortified with vitamin A and 86 per cent of salt for use in households is iodized. This last measure contributed to decreased incidence of goitre, from 4.5 to 3.5 per cent. UNICEF also cooperated with the United States Agency for International Development (USAID), the Ministry of Health, municipalities and non-governmental organizations (NGOs) to promote HIV/AIDS prevention, with programmes reaching 150,000 adolescents.

12. As part of its response to Hurricane Mitch, UNICEF cooperated with the World Food Programme (WFP) and the Ministry of Health to promote breastfeeding in 16 shelters. UNICEF was the focal point for the United Nations system and the Ministry to provide guidelines for nutrition and special attention for severely malnourished children in shelters and public hospitals. These actions in turn catalysed coordination among all other agencies and NGOs. UNICEF assisted the Ministry of Health in the reconstruction and equipping of 140 health centres and maternal and child health clinics. Community and city sanitation was improved through the provision of equipment and supplies, and a national information campaign on cholera prevention was organized. The number of cholera cases fell from 280 in 1998 to 57 in 1999.

13. The water and environmental sanitation programme, supported by the National Water Authority (SANAA), sought to provide safe water to 152,000 people in poor urban settlements in Tegucigalpa and San Pedro Sula, and to 43,000 people in rural villages in western Honduras. UNICEF provided financial support for transportation, chemicals and basic equipment. Following Hurricane Mitch, UNICEF continued to be the United Nations focal point for water and environmental sanitation initiatives. In coordination with UNDP, chemicals for water treatment were provided to SANAA and to the Ministry of Health, ensuring clean water for 1.4 million inhabitants in the main cities. Safe water was trucked to 750,000 residents of the capital, including 5,000 persons living in shelters. UNICEF provided materials, latrines and technical and logistical support to SANAA to rehabilitate 180 rural water supply and sanitation systems, benefiting 120,000 people. Wells and pumps benefited an additional 30,000 people in the three main Atlantic coast cities.

14. Through the education programme, in coordination with the Ministry of Education and with local government, UNICEF provided material support for primary and nonformal early childhood care and development centres (CEPENFs) in 189 out of 298 municipalities. This helped to promote the expansion of the CEPENF methodology by NGOs. Support was given to a new training programme for community educators designed by the National Pedagogical University, and 100 day-care centres were opened, benefiting 3,000 children, as part of a national IHNFA strategy. Following Hurricane Mitch, UNICEF cooperated with the National Pedagogical University and NGOs to implement a psychosocial rehabilitation programme for victims of the disaster, through a national network of volunteers. Based on the positive results from this effort, the methodology was later used in Kosovo. In coordination with other donors and national institutions, day-care services, CEPENFs and primary schools were established in shelters around the country. Training was also provided for volunteers in 14 shelters, to ensure health, food and hygiene security, community organization and vocational skills. Building supplies, furniture and educational materials were provided for 1,200 teachers and 25,000 children of damaged public schools, CEPENFs and day-care centres around the country.

15. The children's rights programme contributed to the passage in Congress of the Code on Children and Adolescence, through systematic advocacy and technical support. Another milestone was the creation of IHNFA to formulate, implement and coordinate public policies in favour of children and adolescents, emphasizing registration of newborns through national government registration offices. UNICEF supported the First Lady's child registration initiative with assistance in the area of communication. After the hurricane, the child's rights programme provided technical and logistical assistance to IHNFA to open offices in

shelters to protect the rights of children. Through the Ministry of the Interior, security points were established in and around shelters for the protection of women and children living there.

16. The local planning, monitoring and evaluation programme promoted the "Pact for Children" in 298 municipalities, to ensure self-governance and positive attitudes and practices concerning the rights of the child. Municipal Child Defenders were elected in 168 municipalities. Alliances with the private sector and the media allowed for fund-raising and for wider dissemination of information on children, adolescents and women.

17. Through the women-in-development programme, gender mainstreaming was incorporated in all UNICEF-supported education and social mobilization activities. This contributed to the creation of the National Institute for Women, responsible for formulating, implementing and coordinating programmes and policies for women. UNICEF cooperated with the Supreme Court and the Justice Department in training 1,500 judges, prosecutors and defence attorneys in the interpretation and application of national and international laws protecting women.

18. The advocacy, communication and social mobilization programme supported all programme areas through a cross-cutting information, education and communication strategy. This reinforced alliances with the media and political and civil society leaders to promote child rights. UNICEF led initiatives to mobilize private sector, NGO and media investment of an estimated $6 million for child-related programmes. Knowledge, attitudes and practices (KAP) studies demonstrated the reach of communication activities: 79 per cent of the adult population received information on the Convention on the Rights of the Child, and 92 per cent of municipal mayors were familiar with the goals of the National Plan of Action of the Pact for Children.

Lessons learned from past cooperation

19. UNICEF investment in mobilizing municipal governments and communities in the fulfilment of child rights was critical in initiating, expanding and strengthening the decentralization process. A continuation of these municipal capacity-building initiatives is necessary to support decentralization, guarantee best utilization of government resources, and strengthen multisectoral and partner coordination.

20. Effective and timely responses to future emergency situations and reconstruction will require the development of a national emergency/disaster response plan. UNICEF will develop a corresponding contingency plan, combined with systematic internal (UNICEF) and external (government and NGO) human resource development initiatives in disaster prevention, life-saving interventions, child-family-environmental protection, and psychosocial rehabilitation.

21. The establishment of relevant, rapid and accurate information and communication systems among UNICEF country, regional and headquarters offices, and National Committees, in close coordination with government information systems, is critical for effective emergency response, particularly in terms of appropriate and timely fund-raising initiatives.

22. The present country programme, with 7 programmes and 19 projects, limits UNICEF capacity to effectively support counterpart implementation and undertake systematic monitoring and timely evaluations of UNICEF cooperation. While it is necessary for UNICEF to continue with this complex structure during the proposed short-duration programme, the 2000-2001 programme period will be used for developing, with counterparts, a more focused programme structure, within the framework of child rights and the life cycle approach.

Country programme preparation process

23. The process for the proposed short-duration programme was initiated with a request from the Technical Secretary of Cooperation (SETCO) to extend the current programme for one year, to allow further United Nations Development Assistance Framework (UNDAF) development (based on the recently completed Common Country Assessment (CCA)), clarification of long-term government objectives and completion of existing post-hurricane commitments. Under SETCO leadership, consultations were carried out with other government institutions, United Nations agencies and donors to define priorities. This will allow UNICEF to harmonize its programme cycle with those of UNDP, WFP and UNFPA.

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

	Total
Regular resources	
Children's rights	100
Health and nutrition	175
Education	145
Women in development	75
Water and environmental sanitation	75
Advocacy, communication and social mobilization	116
Local planning, monitoring and evaluation	90
Cross-sectoral costs	100
Subtotal	**876**
Other resources	
Children's rights	72
Health and nutrition	315
Education	63
Water and environmental sanitation	450
Subtotal	**900**
Total	**1 776**

Country programme goals and objectives

24. The programme will continue to focus on the achievement of 1996-2000 country programme goals, supporting the implementation of the Convention on the Rights of the Child and achievement of World Summit for Children goals. Further actions will also contribute to improving the situation of the poorest women and children — especially those affected by Hurricane Mitch — and indigenous groups in the west and south-west of the country.

25. Based on existing objectives, priority will be given to: (a) reducing under-five mortality due to diarrhoea and pneumonia; (b) increasing immunization coverage in areas where it is below the national average; (c) expanding initiatives for safe motherhood, particularly in six departments where MMR is highest; (d) promoting HIV/AIDS awareness and prevention for youth in San Pedro Sula and Tegucigalpa; (e) promoting universal salt iodization and fortification of sugar with vitamin A; (f) improving the nutritional status of children under two years of age; (g) improving access to, and quality of, early childhood care and primary education in rural schools; (h) expanding water supply and sanitation systems in rural communities and urban slum areas; and (i) supporting implementation of the new Code on Children and Adolescents and related laws. UNICEF will also work to complete post-Mitch commitments, supporting the Government in rehabilitation efforts, in order to return to previous higher levels of achievement of World Summit goals.

Relation to national and international priorities

26. The proposed short-duration programme responds to national commitments to achieve international goals of the World Summit for Children, Education for All, Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, and Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. The country programme also responds to priorities established in the national post-hurricane reconstruction plan. Proposed objectives and strategies reflect country commitments to emerging organizational priorities as described in UNICEF priority actions for children, the medium-term plan for 1998-2001, and Education for All efforts, especially in areas pertaining to early childhood and adolescence, within the life-cycle approach.

Programme strategy

27. The programme strategy remains essentially the same as contained in the 1996-2000 programme of cooperation, with a focus on the promotion, fulfilment and protection of children's rights. Strategies include: disparity reduction; convergence of activities in 9 departments (62 municipalities) in the south and western regions and peri-urban areas of Tegucigalpa, San Pedro Sula and La Ceiba; advocacy and social mobilization at national and subnational levels to increase the catalytic role of UNICEF in all programme areas; capacity-building at the municipal level to support government decentralization policies; community empowerment focusing on co-management of services and empowering families with knowledge, skills and values for healthful living; and development and strengthening of service delivery models and strategies, especially in response to emergency situations.

28. In the area of *children's rights*, UNICEF will contribute to implementation of policies that meet recommendations of the Committee on the Rights of the Child. Components will include: enhancing national capacity through technical assistance and training in the process of legal reform aimed at congressional approval of the Adoption Law, the Labour Code and the Family Code; implementing an information system on adolescent offenders, with government and NGO partners; expanding mobilization and communication activities to reduce by 30 per cent the number of children under 5 without a birth certificate; and advocating with the private sector, government authorities and NGOs, in coordination with the International Labour Organization (ILO), in implementation of the National Child Labour Eradication Plan.

29. The *health and nutrition programme* will continue to strengthen the integrated child health care strategy, through support to quality improvement of maternal and child health and primary health care services in nine departments. Specific objectives are to contribute to: (a) a 10 per cent reduction of infant and under-five mortality related to pneumonia and diarrhoea, and 10 per cent reduction of maternal mortality; (b) maintenance of, or improvement in, the 95 per cent child vaccination coverage; (c) a 10 per cent reduction of severe and moderate malnutrition in children under two years of age; (d) sustained iodization of 90 per cent of salt supplies, vitamin A fortification of 85 per cent of sugar, and iron fortification of 100 per cent of wheat flour; and (e) HIV/AIDS awareness and prevention for adolescents, and reduction of mother-to-child transmission.

30. To achieve proposed objectives, UNICEF will provide support for: in-service training of health workers, TBAs, parents and community health volunteers; training of local development council members in planning, monitoring and social mobilization; and provision of essential drugs. For specific nutrition project components, UNICEF will continue — in collaboration with the Pan American Health Organization (PAHO) and the Institute of Nutrition of Central America and Panama (INCAP) — its cooperation with salt and sugar producers and the Ministry of Health to guarantee the availability of fortified food items. HIV/AIDS prevention activities, planned in coordination with the Joint United Nations Programme on HIV/AIDS, will include training of teachers, health personnel, social communicators and adolescents/youths in basic concepts of prevention. Promotion of adolescent participation in HIV/AIDS issues will support their decision-making involvement and promote adolescent-to-adolescent awareness initiatives in high-risk cities.

31. The *education programme* will support increased access to and quality of CEPENFs and primary education programmes, involving more than 45,000 children under 12 years of age. Particular focus will be given to reduction of repetition and drop-out rates, especially for hurricane victims and ethnic minorities in the departments of Copan, Ocotepeque, Lempira, Intibuca and La Paz. UNICEF support will focus on: provision of education materials and equipment to damaged and/or closed pre-school and primary school services; expansion of training and technical assistance to strengthen the quality of educational services; and the development of high-quality educational materials for teachers and students. Advocacy and social mobilization efforts are envisioned to create public demand for increased investments in early childhood care for survival, growth and development, and family-focused care programmes. The psychosocial support programme for victims of the disaster will continue, through the involvement of the national network of volunteers established in 1998-1999.

32. The *women in development programme* (gender equity) will cover all programme areas to ensure consistency between existing legislation and the Convention on the Elimination of All Forms of Discrimination against Women. Emphasis will be given to capacity-building, social mobilization and communications. Technical assistance will be given to the Women's Bureau, Women's Congressional Commission and NGOs to accelerate legal reform and strengthen institutional capacity within the Convention framework.

33. The *water and environmental sanitation programme* will support SANAA in expanding the development of water and sanitation projects using low-cost technologies, and in community training in construction, operation and maintenance of systems, watershed protection and hygiene education. UNICEF support will contribute to the provision of water and sanitation facilities for 25,000 inhabitants of marginal areas of Tegucigalpa and 10,000 people in five rural departments in western Honduras. As United Nations focal point for the post-hurricane water programme, UNICEF will continue to coordinate assistance for the National Reconstruction Programme in this area and support specific projects jointly identified as United Nations-government priorities.

34. The *advocacy, communication and social mobilization* programme will be undertaken at all levels to promote the rights of children and women, supporting UNICEF programmes to induce positive changes in attitudes, behaviour and values regarding women and children. Special attention will be given to communication strategies for the "Pact for Children". UNICEF will contribute to: (a) strengthening strategic alliances with the media to promote the well-being of children and women as a national priority; (b) encouraging positive behaviour and attitudes benefiting children; (c) promoting the enforcement of laws benefiting children; and (d) strengthening national, regional and local capacity to prevent and respond to emergency situations and natural disasters.

35. Through the *local planning, monitoring and evaluation programme*, assistance will be given to SETCO to strengthen institutional capacity to expand monitoring of Nation Plan of Action goals, and to sector information systems for decentralized data collection and planning. Through the National Mayors Association, technical support will be provided to 62 municipal development councils for the preparation of plans of actions related to children.

36. *Cross-sectoral costs* will be used to cover support staff costs (including salaries of the supply assistant, secretaries and drivers), temporary assistance, and operational expenses that cannot be covered within the support budget.

Monitoring and evaluation

37. The objectives of monitoring and evaluation in this one-year programme will be to ensure timely assessment of the needs of women and children, and to evaluate the relevance, scope and impact of UNICEF activities, including those developed in response to Hurricane Mitch. Indicators will include, inter alia, measurement of under-five and maternal mortality rates, immunization coverage, number of reported cases of HIV/AIDS, number of people served with new water and sanitation systems, and number of children benefiting from early childhood care and development services. The primary monitoring and evaluation strategies will include: joint field visits with government counterparts; revision and utilization of existing government information in areas related to UNICEF cooperation; internal project site visits on an average of five working days per month; at least two project review meetings with national and local counterparts by sector; and one annual review meeting.

organized by SETCO and held jointly with all counterparts.

38. The preparation of the new programme of cooperation will also provide critical information to assess the impact of UNICEF support during the past cooperation period. During 2000-2001, UNICEF will cooperate with SETCO to develop specific indicators and monitoring/evaluation strategies for the new country programme. Multiple indicator cluster survey (MICS) results will provide disaggregated information to assist in the evaluation of achievement of goals. Municipal capacity-building initiatives will be undertaken to ensure improvement of local-level skills in monitoring and evaluation. The UNICEF representative will coordinate all monitoring and evaluation activities, with support from the senior programme officer.

Collaboration with partners

39. UNICEF will continue to strengthen United Nations co-ordination and elaborate the UNDAF. In every sector of intervention, UNICEF will work closely with bilateral agencies (the United States Agency for International Development, Canadian Agency for International Development and the Governments of the Netherlands and the United Kingdom) and multilateral organizations (World Bank, Inter-American Development Bank, Organization of American States, United Nations Educational, Scientific and Cultural Organization, UNDP and ILO), as well as with the NGO community, to conduct assessments and improve service delivery.

40. UNICEF will be actively involved with the Association of Municipalities of Honduras (AMHON) in all aspects relating to decentralization of services and mobilization of mayors. Cooperation with civil society and national and local media will be expanded as part of mobilization, public awareness and advocacy activities. As mentioned above, SETCO is the main government counterpart of UNICEF.

Programme management

41. Management of the country programme will involve a technical/steering committee comprising SETCO, relevant sectoral ministries and UNICEF. A programme review involving all partners will be conducted during the year. The country management team will meet periodically to monitor both programme and management performance through the use of quality management indicators.

TABLE

COUNTRY : HONDURAS
PROGRAM : 2001

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE a/	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
				0	0	0	0	0	0	0	0	0	7	7	0	76,700	76,700
WATER & ENV. SANITATION	75,000			75,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	100,000			100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH & NUTRITION	175,000			175,000	0	0	0	0	0	0	0	1	0	1	0	51,406	51,406
CHILDREN'S RIGHTS	100,000			100,000	0	0	0	0	0	0	0	1	0	1	0	51,406	51,406
WOMEN IN DEVELOPMENT	75,000			75,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION	145,000			145,000	0	0	0	0	0	0	0	1	0	1	0	51,406	51,406
ADVOCACY, COMM. & MOBILIZ.	116,000			116,000	0	0	0	0	0	0	0	0	0	0	0	0	0
LOCAL PLAN., MONIT. & EVAL.	90,000			90,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	876,000			876,000	0	0	0	0	0	0	0	3	7	10	0	230,918	230,918
OTHER RESOURCES :																	
				0	0	0	0	0	0	0	0	1	0	1	0	51,406	51,406
WATER & ENV. SANITATION		0	450,000	450,000	0	0	0	0	0	0	0	1	0	1	0	51,406	51,406
HEALTH & NUTRITION		0	315,000	315,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN'S RIGHTS		0	72,000	72,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	63,000	63,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	900,000	900,000	0	0	0	0	0	0	0	2	0	2	0	102,812	102,812
TOTAL RR & OR	876,000	0	900,000	1,776,000	0	0	0	0	0	0	0	5	7	12	0	333,730	333,730
SUPPORT BUDGET		Operating costs Staffing		158,509	0	0	1	1	0	0	2	2	5	9	253,735	205,143	458,878
GRAND TOTAL (RR + OR + SB)					0	0	1	1	0	0	2	7	12	21	253,735	538,873	792,608
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										2 2	7 7	13 12	22 21	253,735	538,873	792,608

RR = regular resources.
OR = other resources.
FOR = funded other resources.
NOR = new other resources.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Item 3 of the provisional agenda*

Recommendation for funding for a short-duration country programme**

Democratic People's Republic of Korea

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of the Democratic People's Republic of Korea with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,761,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2003.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54316 (E) 260800

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	7.4
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	60
Maternal mortality rate (per 100,000 live births)	110
Literacy (% male/female)	100/100
Primary school enrolment (% net, male/female)	100/100
Primary school children reaching grade 5 (%)	100
Access to safe water (%)	100
Routine EPI vaccines financed by Government (%)	
GNP per capita (US$)	*

One-year-olds fully immunized against:	
Tuberculosis	64 per cent
Diphtheria/pertussis/tetanus	37 per cent
Measles	34 per cent
Poliomyelitis	77 per cent
Pregnant women immunized against tetanus	5 per cent

* Low income ($760 or less)

The situation of children and women

1. Historically, the Democratic People's Republic of Korea had an extensive and comprehensive system of basic social services that were universal and free at the point of delivery for its population of 22.5 million. The dissolution of traditional economic ties and a decline in per capita gross domestic product, together with the natural disasters of the mid-1990s, adversely affected access to and the quality of these services. Social sectors faced severe supply shortages, while capacity development for technical and managerial staff was hindered by limited access to contemporary knowledge.

2. Social indicators deteriorated steadily from the mid-1990s. The infant mortality rate, which had declined from 85 per 1,000 live in 1960 to an estimated 23 births in 1991, increased. The under-five mortality rate rose from 30 per 1,000 live births in 1990 to 55 in 1996 (Ministry of Public Health).

3. The 1998 multiple indicator cluster survey (MICS) and the nutrition survey showed that an estimated 22 per cent of children suffered from low birth weight (less than or equal to 2.5 kilograms), while 62 per cent of children under seven years old were stunted and 16 per cent were wasted. Disaggregation shows wasting at 31 per cent for children between 12 and 24 months, while the underweight rate was higher in boys than in girls. The prevalence of goitre is reported to range from 10 to 26 per cent in children 11 to 16 years old in mountainous regions, and vitamin A deficiency is reportedly high.

4. Vaccination coverage prior to 1994 was virtually 100 per cent, but immunization rates dropped sharply soon after due to the non-availability of vaccines. The 1998 MICS showed vaccination coverage at 37 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine, 34 per cent for measles vaccine, 77 per cent for polio vaccine, 64 per cent for anti-tuberculosis vaccine and only 5 per cent for two doses of tetanus toxoid. Tuberculosis and malaria are re-emerging diseases.

5. The health of mothers continues to be of concern owing to inadequate food intake, poor quality and inadequacy of obstetric care, and a heavy workload. The maternal mortality rate, estimated at 70 per 100,000 live births in 1990, reportedly increased to 110 by 1996 (Ministry of Public Health). The MICS reported that 34 per cent of pregnant women suffer from anaemia. Women reportedly make up to 18 antenatal visits, but quality basic obstetric care is inadequate due to acute shortages of equipment and drugs. No official figures are available on sexually transmitted diseases (STDs)/HIV/AIDS.

6. The MICS showed that all households have access to a water supply and a latrine, albeit highly depleted. Diarrhoea morbidity was above 20 per cent among children under five years old, which can be attributed largely to the consumption of contaminated water, the use of unsanitary latrines and unhygienic practices. Water availability, even in main towns, has been curtailed to between five and nine hours per day. The treatment of water is no longer a regular practice due to present economic hardships. While widespread deterioration in basic social services has had a nationwide impact, the northern provinces of Kyonggang, and North and South Hamgyong have been more adversely affected due to their reliance on industries that have ceased production since the 1995 floods.

7. Education is compulsory up to 16 years of age in the country, which is reported to have universal adult literacy. While MICS reported 100 per cent school enrolment for both girls and boys, attendance in some areas has reportedly dropped to between 60-80 per cent due to poor heating, and the lack of food, teaching and learning materials.

8. Orphanages proliferated throughout the country during the 1990s. There are 13 baby homes, 12 orphanages and 14 boarding schools for children aged 0-5 years, 5-6 years and 7-16 years, respectively, that provide institutionalized care for children in need of special protection and a further 12 special institutions for disabled children.

9. The Democratic People's Republic of Korea ratified the Convention on the Rights of the Child in 1990 and developed a National Programme of Action (NPA) to implement the World Summit for Children goals. The initial report on implementation has been submitted to the Committee on the Rights of the Child, and Concluding Observations, such as adopting national strategies for children in need of special protection and improving the collection of statistical data, among others, are being addressed. The Democratic People's Republic of Korea is not party to the Convention on the Elimination of All Forms of Discrimination against Women, but has reaffirmed the 1946 law on women's equality in the Socialist Constitution. Women participate equally with men in the workforce. However, this has increased their burden, as women are also expected to undertake traditional roles.

Programme cooperation, 1999-2000

10. In health, the immunization project helped to improve coverage and make good progress towards polio eradication. UNICEF provided vaccines, cold-chain equipment and training to revive routine immunization. Polio and measles immunization coverage increased to above 90 per cent in 1999 as a result of national immunization days supported by UNICEF and the World Health Organization (WHO). Advocacy with the Government resulted in adoption of the WHO/UNICEF recommended immunization schedule. Severe funding constraints enabled UNICEF to procure only 33 per cent of essential drugs and 18 per cent of basic obstetric supplies for targeted hospitals. Self-sufficiency in the production of oral rehydration salts and the use of oral rehydration therapy have been achieved with UNICEF support. Under the nutrition programme, the main salt production plant was rehabilitated in partnership with the United Nations Development Programme (UNDP) and the World Food Programme (WFP), although universal salt iodization has yet to be realized. Vitamin A and micronutrient supplementation were provided to 2.1 million children under five years old. Multisectoral action helped to successfully rehabilitate an estimated 60,000 severely malnourished children in 13 baby homes, 8 paediatric hospitals and 97 children's wards in county hospitals. Children in 27,152 targeted institutions were provided with fortified complementary foods, produced locally by the Government, WFP and UNICEF. In water and sanitation, shortfalls in funding resulted in chlorination of one half of the piped water supply in selected urban areas and met only 45 per cent of the requirements for

the construction of sanitary latrines in 30 rural communities. In education, teachers training and curricula renewal were initiated, and textbook production requirements were partially met. Of the total planned training workshops, 89 per cent were conducted, resulting in increased capacity for rational drug use, case management of diarrhoea and acute respiratory infections (ARI), the treatment of malnutrition and groundwater abstraction. In 1999, a national coordinating body was established to oversee progress in implementation of the Convention on the Rights of the Child.

Lessons learned from past cooperation

11. The Democratic People's Republic of Korea has developed its knowledge base primarily from national resources, which is not always compatible with internationally accepted methodologies. Access to contemporary sources of international knowledge is limited. Therefore, an emphasis on capacity-building will be enhanced to upgrade knowledge at all levels. The country's extensive infrastructure of nurseries and kindergartens provides a unique opportunity to reach all children with an integrated approach to early childhood care (ECC) for survival, growth and development. The nation's social mobilization capacity is also highly effective. These capacities will be used to enhance coverage and enrich ECC and learning. Continuing economic stagnation and recurrent natural calamities have increased the risk of post-disaster consequences. Therefore, the next programme will incorporate emergency preparedness measures to enhance national capacity to respond effectively. Further improvements in the situation of children and women, such as increased food security and access to basic social services, will depend on continuing UNICEF partnerships with United Nations agencies and non-governmental organizations (NGOs). Such collaboration will be strengthened further in the next programme cycle.

Country programme preparation process

12. The 2001-2003 country programme is proposed to harmonize United Nations agency programme cycles. The Common Country Assessment and the United Nations Development Assistance Framework were not developed due to Government and United Nations preoccupation with emergency operations. Programme preparations drew on the findings of the 1999 situation analysis of children and women, the outcomes of the mid-term review (MTR), lessons learned from the past programme of cooperation and project evaluations. A strategy meeting, convened by the Government and UNICEF in December 1999 with the participation of United Nations agencies, Board member countries and donors, assisted in identifying programme priorities, and the future direction and articulation of strategies.

Country programme goals and objectives

13. The overall goal is to support national efforts to sustain gains in achieving the World Summit for Children goals, and to implement the Convention on the Rights of the Child and priority actions for children. The Government and partner organizations have established the following objectives to be achieved by 2003: (a) the reduction of up to 15 per cent in infant mortality, 20 per cent in under-five mortality, 20 per cent in maternal mortality, 60 per cent in severe malnutrition among children under seven years of age, 30 per cent in wasting and 20 per cent in stunting; and (b) improvement in the overall well-being of children in need of special protection. UNICEF assistance will be targeted to six provinces and two cities as designated by the Government. However, childhood immunization, ARI and the control of diarrhoea diseases will have nationwide coverage.

Relation to national and international priorities

14. Food security, health, the control of micronutrient deficiencies, water and sanitation, and education are recognized national priorities and reflected in the NPA goals. These priorities and related aspects, which underpin national efforts to realize the World Summit goals and children's rights as articulated in the Convention on the Rights of the Child, have been elaborated in the situation analysis, and reviewed and endorsed at the strategy meeting. This programme

Recommended programme cooperation, 2001-2003

Estimated annual expenditure

(In thousands of United States dollars)

	2001	*2002*	*2003*	*Total*
Regular resources				
Health and nutrition	390	390	391	1 171
Water and environmental sanitation	150	150	150	450
Education	140	140	140	420
Planning, information, monitoring and evaluation	190	190	190	570
Cross-sectoral costs	50	50	50	150
Subtotal	**920**	**920**	**921**	**2 761**
Other resources				
Health and nutrition	2 100	2 300	2 500	6 900
Water and environmental sanitation	400	450	500	1 350
Education	200	250	300	750
Subtotal	**2 700**	**3 000**	**3 300**	**9 000**
Total	**3 620**	**3 920**	**4 221**	**11 761**

supports key actions to improve the quality and coverage of basic social services, especially in underserved areas, through strengthened collaboration with partner organizations, also taking into account the Concluding Observations of the Committee on the Rights of the Child.

Programme strategy

15. The country's educated population, elaborate institutional infrastructure and rich human resources will be harnessed to meet the programme objectives. The strategies include: capacity-building to strengthen technical and management skills, including emergency management of the line ministries at all levels; empowerment to enhance decision-making at the household level, and improved child care and preventive health practices, including the proper management of childhood illnesses; effective communication approaches to encourage behavioural change through the use of appropriate information and social mobilization; advocacy to fully implement the Convention on the Rights of the Child and existing sectoral policies on women's and children's welfare; communication for fund-raising; and selective service delivery to respond to the most critical needs in social service provision and to help recuperate the depleted infrastructure, especially in underserved regions.

16. UNICEF will support five interrelated programmes within the overriding framework of the Convention on the Rights of the Child and the priority actions for children. The proposed programme, comprising three sectoral and two cross-sectoral components, has an overarching focus on gender and ECC. An integrated approach in ECC and gender will be promoted through the nation's system of day-care centres or nurseries and baby homes to strengthen caregiver and community capacity to improve health and nutrition, including breastfeeding and complementary feeding, the care of sick children, psychosocial and cognitive development, and hygiene education.

17. *Health and nutrition.* The programme will address the problems of low immunization coverage; and child mortality due to the high incidence of malnutrition, diarrhoeal diseases, ARI and micronutrient deficiencies. It will aim to improve access to quality care and upgrade technical skills of health providers. It comprises four projects: (a) child immunization; (b) maternal and child health (MCH); (c) child and maternal nutrition; and (d) control of

micronutrient deficiencies. The child immunization project aims to achieve universal sustainability, including polio eradication, the elimination of neonatal tetanus and measles control. The MCH project aims to contribute to a 40 per cent reduction in diarrhoea mortality and ARI; and achieve 60 and 40 per cent in the provision of quality basic and emergency obstetric care, respectively, in maternity facilities. The child and maternal nutrition project aims to: (a) reduce the prevalence of malnutrition from 31 to 15 per cent in children 12 to 24 months old, the incidence of low birth weight in newborns by one third, and the prevalence of goitre and anaemia by one half; and (b) eliminate vitamin A deficiency. Routine immunization will be carried out through existing anti-epidemic stations. The country's social mobilization capacity will be utilized to ensure adherence to the recommended immunization schedule, with an emphasis on safe injection procedures, and to achieve and sustain universal immunization and vitamin A supplementation. UNICEF, in collaboration with WHO, will support the provision of vaccines, including new vaccine initiatives, technical assistance for cold-chain maintenance, strengthening of disease surveillance and the provision of essential drugs, along with assistance for local production.

18. UNICEF will provide targeted hospitals with supplies for essential obstetric care. In partnership with the United Nations Population Fund and the International Federation of Red Cross and Red Crescent Societies (IFRC), the technical skills of health providers will be upgraded and the quality of care will be improved through training. The emerging issues of malaria and STDs/HIV/AIDS will be addressed through the operationalization of information, education and communication (IEC) packages.

19. Maternal and child nutrition will combine preventive and curative approaches using service provision and behavioural change strategies, with strong linkages to the water and sanitation and education programmes. The prevention of malnutrition at the earliest stage of child growth and development will be addressed through the promotion of adequate nutrition for pregnant and lactating women, including the distribution of fortified complementary food to young children, in collaboration with WFP; exclusive breastfeeding through the Baby-Friendly Hospital Initiative; growth monitoring promotion in the nursery system to monitor child growth and develop awareness of appropriate child care and complementary feeding practices; and the dissemination of IEC packages through health and children's institutions and mass media. Curative actions will focus on the treatment of severe malnutrition in rehabilitation centres at the community level through training and the provision of supplies such as therapeutic milk. The prevention of micronutrient deficiencies will be addressed by securing universal salt iodization, in collaboration with UNDP and WFP; food fortification with WFP; and multi-vitamin supplementation for 2.1 million children under five years old, 430,000 pregnant women and 420,000 lactating women. Geographic areas for selective service delivery will be identified by the highest prevalence of morbidity and malnutrition. Monitoring and evaluation will be secured through the use of sentinel sites, field visits and project reviews.

20. *Water and environmental sanitation*. Extensive wear and tear of the aging water and sanitation infrastructure and lack of resources have compromised the quantity and quality of these services. The programme comprises two projects: water supply; and environmental sanitation and hygiene. It aims to support Government efforts to secure safe water and improve sanitation facilities in 100 per cent of children's institutions (256 facilities serving 350,000 children), 25 per cent of the population in 30 rural settlements, and 16 provincial paediatric and maternity hospitals in priority areas covering an estimated 4 million people. It also aims to promote adequate hygiene to reduce the transmission of water- and sanitation-related diseases. Operational strategies include rehabilitating the piped water system; strengthening national capacity for groundwater abstraction; broadening technological choices through training; enhancing water quality through chlorination; and using local resources and mobilization efforts to achieve adequate hygiene. UNICEF will support the provision of spare parts for drilling and pumping, and chemicals for the chlorination of piped water; the training of technicians; the mobilization of communities to construct sanitary latrines, in partnership with WFP Food-for-Work schemes; and the utilization of IEC materials to put hygiene knowledge into practice. Water testing and field visits will enhance quality control.

21. *Education*. While access to basic education is universal, shortages of materials and the absence of modern teaching methods pose a severe challenge to

service quality. Programme objectives aim to assist the Government in its efforts to: (a) sustain and consolidate reported universal enrolment, attendance and completion of primary education; (b) ensure that all children have a good start to life and learning through ECC; and (c) improve the quality of basic education for all children, irrespective of where they live. Key interventions will enhance the capacity of caregivers to promote early childhood development and learning; improve the quality of basic education for 350,000 children in 256 schools in remote areas; assist curricula development; enhance teachers' effectiveness through further training of 102 teacher educators in 26 colleges; and improve assessment methodology to increase learning achievements. The Convention on the Rights of the Child and life skills will be mainstreamed into national curricula. UNICEF will support the limited provision of paper for textbooks and materials to rehabilitate damaged facilities and create child-friendly spaces for learning.

22. *Planning, information, monitoring and evaluation.* This cross-cutting programme aims to support Government efforts to: (a) improve the availability of disaggregated data to enhance analysis and increase knowledge on the situation of children and women; (b) increase awareness of the Convention; and (c) improve national capacity for disaster management. Strategies will support upgrading of technical capacity for monitoring and evaluation at all levels and draw on the country's strengths in social mobilization and communication. UNICEF will support the development of mechanisms for regular data collection, analysis and publication; mainstreaming IEC and the Convention into the national education curricula; the use of IEC packages that link schools to homes and community; and the development of an emergency preparedness plan, including the positioning of vital supplies, in collaboration with United Nations system.

23. *Cross sectoral costs.* The cross-sectoral costs will cover programme implementation costs not attributable to individual programmes, but clearly linked to service delivery.

Monitoring and evaluation

24. UNICEF will support an integrated Monitoring and Evaluation Plan that includes a sentinel reporting system to collect disaggregated data and evaluative activities to assess the situation of children and women. Process and output indicators to monitor programme implementation include numbers of children and pregnant women immunized; numbers of households with access to safe drinking water and sanitary latrines; numbers of severely malnourished children successfully rehabilitated; and reported deaths from diarrhoea and respiratory infections. The MTR in July 2002 and final programme review in December 2003 will be supported with evaluations and surveys. In-depth reviews of immunization, safe motherhood, essential drugs, water and sanitation, and nutrition rehabilitation projects will be conducted in 2003 along with MICS, which will provide data on key social indicators and assess the overall programme impact.

Collaboration with partners

25. To enhance overall impact and optimize resources, UNICEF will continue to further strengthen its successful collaboration with WFP in food fortification and rehabilitation of basic social services; with UNDP and WFP in the elimination of iodine deficiency disorders; with WHO in immunization and essential drugs; and with IFRC and NGOs in health, and water and sanitation. In view of the present limited bilateral support, alliances with donors and National Committees for UNICEF will be strengthened through a communication and resource mobilization strategy that includes funding proposals, regular updates and briefings, effective contributions management, timely donor reporting and joint field visits.

Programme management

26. The National Coordinating Committee will be responsible for overall programme management. Line ministries will undertake the major part of project implementation, monitoring and evaluation. The UNICEF country office will provide technical and material assistance to the extent outlined in the present recommendation. Cooperation in the resident coordinator system will continue in order to effectively address programme-wide challenges such as initiatives for children in need of special protection, support in emergencies and fund-raising. The technical coordination role of UNICEF, particularly within the sectoral components, will be enhanced to accelerate achievement of programme objectives.

TABLE

COUNTRY : DPR OF KOREA
PROGRAMME: 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
HEALTH & NUTRITION	1,171,000			1,171,000	0	0	0	1	0	0	1	0	0	1	522,437	0	522,437
EDUCATION	420,000			420,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND ENVIRONMENTAL SANITATION	450,000			450,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLAN., INFO., MONIT. AND EVAL.	570,000			570,000	0	0	0	1	0	0	1	0	0	1	413,398	0	413,398
CROSS-SECTORAL COSTS	150,000			150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	2,761,000			2,761,000	0	0	0	1	1	0	2	0	0	2	935,835	0	935,835
OTHER RESOURCES :																	
HEALTH & NUTRITION		0	6,900,000	6,900,000	0	0	0	1	1	0	2	0	0	2	935,835	0	935,835
EDUCATION		0	750,000	750,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND ENVIRONMENTAL SANITATION		0	1,350,000	1,350,000	0	0	0	0	1	0	1	0	0	1	451,338	0	451,338
TOTAL OR		0	9,000,000	9,000,000	0	0	0	1	2	0	3	0	0	3	1,421,217	0	1,421,217
TOTAL RR & OR	2,761,000	0	9,000,000	11,761,000	0	0	0	2	3	0	5	0	0	5	2,435,388	0	2,435,388
SUPPORT BUDGET		Operating costs Staffing		259,360	0	0	1	1	1	0	1	0	1	3	1,727,160	305,293	2,062,453
GRAND TOTAL (RR + OR + SB)					0	0	1	3	4	0	6	0	1	8	4,162,416	305,293	4,467,707
Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)					0 0	0 0	1 1	3 3	4 4	0 0	8 8	0 0	1 1	9 9	4,162,416	305,293	4,467,707

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = new other resources
IP = International Professional
NP = National Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime

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Item 3 of the provisional agenda*

Recommendation for funding for short-duration programme cooperation**

East Timor

Summary

The present document contains a recommendation for funding from regular resources and other resources for short-duration programme cooperation in East Timor. The Executive Director *recommends* that the Executive Board approve the amount of $1,500,000 from regular resources, subject to the availability of funds, and $11,400,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2002.

* E/ICEF/2000/14

** The figures provided in the present document are final and will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	0.42
U5MR (per 1,000 live births)	124
IMR (per 1,000 live births)	85
Underweight (% moderate and severe) (1992)	45
Maternal mortality rate (per 100,000 live births)	830
Literacy (% male/female)	59/48
Primary school enrolment (% net, male/female) (1997)	84/81
Primary school children reaching grade 5 (%)	
Access to safe water (%)	
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	300
One-year-olds fully immunized against (1997)	
Tuberculosis	78 per cent
Diphtheria pertussis tetanus	63 per cent
Measles	69 per cent
Poliomyelitis	59 per cent
Pregnant women immunized against tetanus (1997)	41 per cent

The situation of children and women

1. East Timor began the year governed by the United Nations Transitional Administration in East Timor (UNTAET), charged with rebuilding the shattered political, social and administrative infrastructure.

2. The anarchy and violence that reigned in East Timor following last August's overwhelming vote in favour of independence resulted in mass destruction and a major humanitarian disaster. The arrival of a United Nations-backed peacekeeping force and the influx of massive amounts of humanitarian aid helped to restore at least some order and bring some sorely needed sustenance to the East Timorese. But they will continue to require emergency relief and rehabilitation assistance as they continue the difficult task of reconstruction and nation-building.

3. The East Timorese will also need continued support to heal the deep psychological scars left by the pre- and post-referendum violence which claimed some 1,000 lives, including those of many children and women. Additional assistance will be needed to help cope with the eventual return of over 100,000 East Timorese who, some nine months after the referendum, are still in West Timor and still subject to intimidation and deprivation.

4. The collapse of virtually all economic activity and the disruption of basic social services that followed the post-referendum violence has served to exacerbate the already difficult situation faced by East Timor's children. East Timor's infant mortality rate (IMR) is 85 per 1,000 live births (World Bank estimate). This high level of infant mortality is attributed to inadequate maternal nutrition, a shortage of trained birth attendants (67 per cent of deliveries are assisted by relatives), and poorly staffed and equipped medical facilities, particularly in rural areas. The maternal mortality rate (MMR) is very high at 830 per 100,000 live births (UNICEF estimate), a rate exceeded by only four countries in Africa. In 1998, the proportion of births attended by trained personnel in East Timor was very low (22 per cent), and there has been no appreciable improvement in this rate since 1985.

5. A high level of moderate malnutrition in East Timor has been reported due to inappropriate eating

and caring practices and to excess morbidity during pregnancy, infancy and early childhood. However, this has not been well quantified. There was a high prevalence of micronutrient deficiencies prior to independence, and East Timor's only salt iodization plant was destroyed in post-referendum violence. Almost one half of the population had access to water and sanitation facilities prior to the referendum; far less now have access because most of the facilities were destroyed.

6. The net primary enrolment rates in 1997 were reported at 84 and 81 per cent, respectively, for boys and girls. Schools were short of materials, equipment and qualified teachers. Although education was ostensibly free, family expenditures on books, pens, uniforms and travel were high. These problems, compounded by the poor nutritional and health status of children, restricted learning and resulted in absenteeism and a "push-out" from school. Only 47 per cent of 15- to 19-year-olds completed primary school or higher levels in 1995. The limited number of East Timorese completing primary school, combined with the departure of many civil servants, means that East Timor now suffers from a chronic shortage of skilled human resources.

7. One confirmed case of HIV/AIDS has been reported. Data from the World Health Organization (WHO) show that in 1995 there were 26 cases of gonorrhoea per 10,000 population. As population displacement and civil strife facilitate the spread of such diseases, early attention to prevention is prudent, especially since East Timor has a predominantly young population. The presence of some 9,000 international peace-keepers and other outsiders is an added cause for concern. Vector-borne diseases, particularly malaria, filariasis, dengue and Japanese encephalitis, are endemic.

8. The post-referendum violence not only wiped out the modest achievements of the last two decades, but also resulted in gross violations of the basic rights of many children and women. Although the humanitarian situation is slowly improving, it must be recognized that East Timor will continue to face threats from cyclones, landslides and drought, as well as from man-made emergencies. UNICEF will continue to monitor and analyse threats that could develop into emergency situations, maintain standing preparedness plans, and support national efforts to build related capacities aimed at meeting emergency needs and assisting in reconstruction and rehabilitation.

Programme cooperation, 1999-2000

9. Emergency interventions carried out by UNICEF were designed to link directly to East Timor's development priorities. UNICEF has coordinated the payment of stipends to over 6,900 primary school teachers which, together with the World Food Programme (WFP) food incentives, has resulted in some 150,000 students, or over 90 per cent, returning to school within six months of the referendum. Teaching and learning materials, including recreation kits, have been provided to all primary schools. UNICEF, with logistic support from the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP, has also distributed over 1,500 tons of materials to re-roof 200 schools.

10. UNICEF provided medical kits to cover 620,000 people for three months and coordinated the work of international non-governmental organizations (NGOs) in the health sector. In cooperation with UNHCR, immunization teams were deployed at re-entry points for returning refugees. Over 55,000 children under 15 years old were immunized against measles in October and November 1999. While sporadic cases did occur, an epidemic was avoided. UNICEF supported the establishment of a central pharmacy, in cooperation with the Japan International Cooperation Agency and the NGO GOAL, and the establishment of a central health laboratory, in cooperation with the Australian Northern Territories University. Some 90,000 bednets were distributed through NGOs to help control malaria. More recently, the structure for routine immunization services has been re-established.

11. A UNICEF-supported team has installed over 900 hand-pumps in the suburbs of Dili, providing clean water to an estimated 16,000 people. Group education on hygiene and sanitation has been carried out, including the distribution of over 20,000 family hygiene kits. UNICEF has also worked with *Action Contre la Faim* (Action against Hunger) to improve water supply in two district towns, benefiting some 18,000 people. Over 50,000 collapsible water containers have been provided to maximize the use of existing water points.

12. The UNICEF capacity-building project seeks to help develop East Timorese management and leadership capacity, stressing reconciliation and respect for the rights of children and women. In cooperation with the Australian Agency for International Development (AusAID), leadership training, including in child rights, has been given to the *Conselho Nacional Resistance Timorese* (National Council of Timorese Resistance), the East Timorese de facto temporary administration. Support has been provided to improve management in East Timor's largest indigenous NGO, Timor Aid. UNICEF works with Timor Aid to rebuild schools, and the two organizations share warehouse facilities. UNICEF is involving youth groups in reconciliation and reconstruction, partly through sports activities. Capacity-building is closely coordinated with the United Nations Development Programme (UNDP), which is managing a complementary project.

13. East Timor's first "child-friendly space" — a community centre where children and their parents can gather in a safe environment for a variety of development-related activities — was opened in Dili in January 2000 by the UNICEF Executive Director. Three others have been established in the capital, another in Oecussi, and one is planned for each of East Timor's other 11 districts. The sites for the child-friendly spaces are provided free of cost through UNTAET. The Christian Children's Fund and the International Rescue Committee manage these centres with local staff under agreements with UNICEF. A centre for traumatized women is also supported through a local NGO. UNICEF provides technical support to UNTAET to ensure that children's rights are respected and ensures that all legislation is screened for compliance with the Convention on the Rights of the Child.

Lessons learned from past cooperation

14. UNICEF, which has supported interventions in East Timor since 1983, opened a liaison office in Dili in 1998 that was destroyed in the post-referendum violence. The latest phase of cooperation, initially emergency assistance, began in September 1999. Lessons learned from this recent experience include the following:

(a) The lack of a formal government structure and the absence of a civil service require a very staff-intensive UNICEF presence in order to adequately carry out programme activities. The flexibility and adaptability of these staff to operate effectively in difficult conditions is extremely important. Knowledge of local languages, given the shortage of interpreters, is also critical;

(b) The Consolidated Appeal for East Timor contains important elements on training in humanitarian principles and child rights, violence against women, psychosocial support and child-friendly spaces. These elements should be clustered together in any future appeal and clearly identified as child rights and protection interventions;

(c) The UNICEF focus on retaining primary school teachers in order to reopen schools as quickly as possible had a strong impact on restoring a sense of normalcy to community life. While the educational value of re-opening the schools was initially minimal, the re-establishment of routines was very important psychologically for teachers, children and their families;

(d) Despite the almost absolute disruption of normal life and the apparent loss of almost all managerial, technical and leadership skills, the social capital of East Timor remained strong. In particular, the church played a very important role in psychosocial healing and support. Individual families "adopted" relatives and even strangers. City-dwellers used every opportunity to plant seeds and exploit open land to grow crops. Small inputs could open the tap to the enormous coping capacity and resilience of people.

Recommended programme cooperation, 2001-2002

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	Total
Regular resources			
Human resource development	25	25	50
Child protection	25	25	50
Health and nutrition	175	175	350
Education	175	175	350
Water and sanitation	50	50	100
Cross-sectoral costs	300	300	600
Subtotal	**750**	**750**	**1 500**
Other resources			
Human resource development	1 350	1 350	2 700
Child protection	1 100	1 100	2 200
Health and nutrition	725	725	1 450
Education	1 325	1 325	2 650
Water and sanitation	500	500	1 000
Cross-sectoral costs	700	700	1 400
Subtotal	**5 700**	**5 700**	**11 400**
Total	**6 450**	**6 450**	**12 900**

Country programme preparation process

15. The preparation of the present country programme has been unusual due to the absence of a formal Government. However, it has been approved by UNTAET, which works closely with the National Consultative Council, the most representative indigenous body. The programme has been reviewed through the United Nations resident coordinator system and has met with no objections. The United Nations system is preparing a Common Country Assessment (CCA), leading to a United Nations Development Assistance Framework (UNDAF), and care will be taken to ensure that the UNICEF programme is integrated into the CCA/UNDAF process. United Nations agencies have agreed on a common interim framework to ensure that all longer-term programmes will begin from 2003. The UNICEF East Asia and Pacific Regional Office (EAPRO) and headquarters in New York also provided support to the preparation of the present programme.

Country programme goals and objectives

16. The proposed two-year programme has four interrelated objectives:

(a) To strengthen the understanding and recognition of children's and women's rights in society, the emerging leadership and formal institutions through communication, social mobilization and policy and legal advocacy;

(b) To enhance the capacity of the leadership, national and district-level institutions, NGOs and communities to plan and deliver basic social services for rights fulfilment;

(c) To contribute to re-establishing and improving the basic social service delivery infrastructure;

(d) To initiate protection services and measures to facilitate the recovery and reintegration of traumatized children and women affected by violence and abuse.

Relation to national and international priorities

17. The single greatest problem facing East Timor is the lack of skilled human resources. The primary objective, therefore, is to help develop human resources, while engaging those concerned in the restitution of basic services for women and children. The further emphasis on early child care and basic education are longer-term strategies to strengthen human resources. The realization of the rights of children and women, particularly those related to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, is the rationale behind all programme components.

Programme strategy

18. The following three-pronged strategy is proposed to develop human resources:

(a) Emphasis will be placed on training and developing key groups and institutions that influence the formation of social policy and law, in addition to planners and technical personnel responsible for delivering basic social services and providing protection for children and women;

(b) Advocacy, communication and community mobilization will form the second part of the strategy and will be used to increase demand for services as communities are empowered to develop a rights consciousness and demand services more actively;

(c) The development of an appropriate, cost-effective and sustainable service delivery system, in partnership with the United Nations interim administration and East Timorese government as it emerges, will form the third leg of the strategy. The success of the programme will depend on the degree to which these three link together in synergy to guarantee basic services for children and women. The programme will be implemented using national as well as area-focused approaches, initially with direct staff support and through NGOs, but transferring as quickly as possible to evolving government structures.

19. **Human resource development**. This component will focus on four areas: central and district-level leadership; local NGOS and church organizations working with community groups, youth groups, and disadvantaged women's groups. UNICEF will train policy makers and administrators in leadership, management and humanitarian principles, including children's and women's rights, support experience exchange visits in the region, and advocate on issues affecting children and women. Local organizations will be trained in project development, community mobilization, local entrepreneur development, credit union formation and child rights. Two youth groups in each district will be trained in leadership, community service, and planning and promotion of healthy lifestyles, particularly the prevention of HIV/AIDS. In each district, 10 women's literacy promotion groups will be revived. The training of trainers and the provision of literacy materials and seed capital for each group will be provided.

20. **Child protection**. This component will focus on four areas: child-friendly spaces; psychosocial support; rights awareness creation; and policy and legal advocacy. At least 15 child-friendly spaces will be established for about 7,500 children. UNICEF will rehabilitate the centres, provide supplies and train NGOs and local groups to manage the centres. Appropriate local NGOs will be supported in the rehabilitation of the shelters and in the development of capacity in counselling and analysis of cases of violence and abuse. UNICEF will continue to provide rights training to NGOs, community leaders and other groups, while using media to promote child rights, and also support local NGOs to stage special events. Legislation will be screened to ensure compliance with the Convention on the Rights of the Child. UNICEF has also been given the responsibility of covering the duties of the United Nations Special Adviser on Child Protection in peacekeeping operations, including

monitoring protection issues for children. The major partners are the United Nations interim administration, district administrations and NGOs.

21. **Health and nutrition**. The Interim Health Authority has developed a three-year plan to restore basic health services, emphasizing the reconstruction of facilities, the development of human resources to deliver basic services, improvement in district health management and health policy planning. Within this plan, UNICEF will support four main components: immunization; maternal and reproductive health; health education, including the promotion of a healthy lifestyle as well as the prevention and care of HIV/AIDS/sexually transmitted infections and other harmful behaviours; and child and maternal nutrition. The expanded programme on immunization is being revived as a routine service, and maternal care will be improved through retraining and support for midwives. Nutrition will be improved through a focus on micronutrients, particularly iodine deficiency disorders, and vitamin A and iron deficiency. Access of households to food will be monitored, and UNICEF will support the efforts of WFP and others to ensure adequate access to food at the household level. Household caring practices will be strengthened through the education and capacity-building components. The main partners will be the Interim Health Authority, WHO, the United Nations Population Fund, WFP and NGOs.

22. **Education**. The World Bank and UNTAET will embark on a major education rehabilitation programme. UNICEF will concentrate on four areas: early childhood care for survival, growth and development (ECC-SGD); primary teacher training; health in education; and curriculum development. The ECC-SGD element will help to identify and develop community-based child-care centres, provide materials, and train teachers in child-centred techniques, with attention to reducing gender disparities in identified areas, including school enrolment. In collaboration with the health and nutrition and capacity-building components, parents' knowledge on child care will be improved, and the health and nutrition status of school-age children will be monitored. The in-service training of qualified teachers, inputs to pre-service training of new teachers and upgrading of untrained teachers in remote areas will be implemented. The health in education initiative will enable teachers to detect and manage minor disabilities through health promotion, improved child nutrition, immunization coverage and life-skills awareness. The health and nutrition and water and sanitation components will provide support through monitoring, referral, the restoration of water and sanitation facilities, and teacher and student health education.

23. **Water and sanitation**. This component has four elements: sanitation improvements; hygiene promotion; capacity-building; and community provision of basic water supply. The rehabilitation of water supply and sanitary facilities will cover rural areas in all 13 districts, while hygiene campaigns will have national coverage. Shallow wells with hand-pumps and rainwater harvesting will be the main methods of water supply, with the protection of sources as appropriate. Water and sanitation facilities in schools and clinics will be rehabilitated. Village-level entrepreneurs will be trained to distribute hardware locally. UNICEF will supply hand-pumps and spares, cement, tools and moulds. Communities will be empowered to understand the importance of hygiene in disease prevention. Major partners will be UNTAET, OXFAM and some international NGOs working locally.

24. **Cross-sectoral costs**. These will cover programme implementation costs not attributable to individual programmes, but clearly linked to their delivery.

Monitoring and evaluation

25. Virtually all records and data relating to basic service provision have been destroyed. In cooperation with UNTAET, the Asian Development Bank, UNDP, NGOs and the East Timorese, routine data collection and reporting systems will be re-established, including the registration of vital statistics. Annual UNICEF project plans of action will be developed and annual reviews conducted. An Integrated Monitoring and Evaluation Plan (IMEP) will be developed to measure the outcome of the country programme. The main indicators are: IMR and MMR; immunization coverage rates; the percentage of births attended by trained health workers; malnutrition (weight-for-age); primary school enrolment rates; the percentage of teachers using newly acquired participatory teaching methods; awareness rates of the main principles of the Convention on the Rights of the Child; the percentage of children participating in the child-friendly spaces programmes; the percentage of primary schools and

clinics with water and sanitation facilities; and community awareness rates of key hygiene practices. Assessment and monitoring of violations and the status of children in need of special protection will also be undertaken.

26. The IMEP will draw from and contribute to the ongoing CCA. Field visits, review meetings and special studies will be used to ensure effective programme implementation and quality improvement.

Collaboration with partners

27. Through the Consolidated Appeal Process, UNICEF has developed close relationships with several partners, particularly AusAID, the Department for International Development (United Kingdom), the European Union, and the Governments of Japan, Sweden, Norway and Portugal. The Australian Committee for UNICEF has not only directly supported the programme, but has been instrumental in forging contacts with its Government, leading to substantial funding. This has been reinforced by the presence of an AusAID representative in Dili with whom UNICEF has worked very closely, particularly on capacity-building efforts with local NGOs and youth groups.

28. WFP is collaborating closely with UNICEF in providing incentives to primary school teachers and school meals to children. WFP, UNHCR and the International Organization for Migration have also very generously provided logistic support to UNICEF, particularly for the shipping and clearance of goods from ports and the internal transport of building materials and school equipment.

29. Operationally, close links are maintained with UNTAET, particularly through the Division of Social Services, the aid coordinator's office and, in the districts, through the Office of the District Administrator to pay stipends, monitor progress in rebuilding schools, and identify and develop child-friendly spaces.

Programme management

30. UNICEF has an established office in Dili, based in the United Nations Agency House, which is headed by a Special Representative appointed in October 1999. Full staff strength will be 35, comprising 12 international posts, 10 national Professionals and 13 support staff. A two-person liaison office has been established in Baucau, and a temporary presence is foreseen in Maliana in the west of the country. Both the Baucau and Maliana offices are expected to be closed before the end of 2002. This structure receives technical and administrative support from EAPRO in Bangkok. The programme will continue to be managed in close coordination with the United Nations resident coordinator and UNTAET. Overall responsibility will gradually shift to the East Timorese government as it replaces UNTAET.

TABLE

LEVERAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : EAST TIMOR
PROGRAMME : 2001-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FDR	NOR	TOTAL	D2/D1	P5/P4	P3	P2/1	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES																	
HUMAN RESOURCE DEVELOPMENT	50,000			50,000	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION	50,000			50,000	0	0	0	0	0	0	0	0	0	0	0
HEALTH	550,000			550,000	0	0	1	0	1	0	0	1	297,440	0	297,440
EDUCATION	350,000			350,000	0	0	1	0	1	0	0	1	297,440	0	297,440
WATER & SANITATION	100,000			100,000	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	400,000			400,000	0	1	1	1	2	0	3	5	551,116	19,953	571,069
TOTAL RR	1,500,000			1,500,000	0	1	3	1	4	0	3	7	1,145,996	19,953	1,165,949
OTHER RESOURCES																	
HUMAN RESOURCE DEVELOPMENT		0	2,700,000	2,700,000	0	0	0	1	0	0	1	1	297,440	33,080	330,520
CHILD PROTECTION		0	2,200,000	2,200,000	0	0	0	0	1	0	0	1	253,676	33,080	286,756
HEALTH		0	1,430,000	1,430,000	0	0	0	0	0	1	1	2	0	37,691	37,691
EDUCATION		0	2,430,000	2,430,000	0	0	0	0	0	1	0	1	0	35,329	35,329
WATER & SANITATION		0	1,000,000	1,000,000	0	0	0	1	0	1	0	1	297,440	33,080	330,520
CROSS-SECTORAL COSTS		0	1,400,000	1,400,000	0	0	0	0	0	1	1	2	0	41,434	41,434
TOTAL OR		0	11,160,000	11,160,000	0	0	0	2	1	4	3	8	848,556	213,694	1,062,250
TOTAL RR & OR	1,500,000	0	11,160,000	12,660,000	0	0	0	3	5	4	6	15	1,994,552	233,647	2,228,199
SUPPORT BUDGET			Operating costs: 350,000 staffing:		0	0	1	2	5	0	1	8	933,870	276,777	1,209,847
GRAND TOTAL (RR + OR + SB)					0	0	1	7	2	0	10	6	10	26	2,929,422	510,424	3,438,046
	Number of posts and staff years:																
	Current programme cycle												11	6	12	29	
	At the end of proposed programme cycle (indicative only)												10	6	10	26	2,929,422	510,424	3,438,046

RR = regular resources.
OR = other resources.
FDR = funded other resources.
NOR = new other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Item 3 of the provisional agenda*

FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Algeria

This document contains a recommendation for funding, from regular resources and other resources, for the one-year country programme of Algeria that supports activities where the country programme is under preparation. The Executive Director recommends that the Executive Board approve the amount of $1,085,000 from regular resources, subject to the availability of funds, and $800,000 from other resources, subject to the availability of specific-purpose contributions, for 2001.

* E/ICEF/2000/14.

** The figures provided in this document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54210 (E)

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Basic data (1999 unless otherwise stated)

Child population (millions, 0-17 years)	13.4
U5MR (per 1,000 live births)	40
IMR (per 1,000 live births)	35
Underweight (% moderate and severe, 1995)	14
MMR (per 100,000 live births)	220
Literacy (% male/female, 1995)	71/45
Primary school enrolment (% male/female)	91/84
Primary school children reaching grade 5 (%, 1995)	84
Access to safe water (%, 1995)	91
Systematic vaccinations funded by Government (EPI) (%)	100
GNP per capita (US dollars)	1,550

One-year-olds fully immunized against:

tuberculosis	95 per cent
diphtheria/pertussis/tetanus	80 per cent
measles	75 per cent
poliomyelitis	80 per cent

Pregnant women immunized against tetanus: 52 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Algeria has undergone significant political and socio-economic developments since 1998. The approach taken by the new President of the Republic, elected in 1999, sets the return of peace and stability as an essential priority. As a result of the political programme based on civil concord and national reconciliation, thousands of insurgents have laid down their weapons and have been pardoned or amnestied. The violence has decreased sharply, but the security situation, although improving, remains worrying. Many civilians, including women and children, are still subjected to violence, especially in rural areas.

2. This state of affairs is detrimental to Algeria's determined efforts in the sphere of economic and social reform. There has been a clear acceleration of the process of full incorporation in the market economy. However, Algeria's economy is still heavily dependent on oil revenues. It meets 60-70 per cent of its food needs from imports. According to governmental statistics, poverty affects 14 per cent of the population, i.e. almost six million people, half of them rural dwellers. The erosion of personal purchasing power is worsening (down by 15 per cent in the past two years). Unemployment remains high and affects 29 per cent of the active population and almost 55 per cent of persons aged 20 to 24.

3. No cases of polio have been reported since 1998. The incidence of measles fell from 19,573 cases in 1997 to 2,500 in 1999. Nevertheless, the health situation remains worrying: for example, the immunization coverage has regressed in the past few years.

4. School drop-outs are a big problem. Although the enrolment rate is above 90 per cent, the school system is inefficient: the drop-out rate is seven per cent for the 6-12 age group and 19 per cent for the 6-16 group. More than 500 schools have been destroyed, mainly in rural areas, but the children of these schools have been able to continue their education in other establishments. The Government has also begun to rebuild the destroyed schools. Women account for 65 per cent of adult illiterates.

5. The protection of children traumatized by the violence, numbered in the tens of thousands, is a permanent concern of the Government and civil society. Many psychological-care and material measures have been carried out by State institutions and civil associations, but without much coordination. In order to correct this situation the Government is preparing a national plan for care of children affected by the violence. Out of a total population of 20 million, about 1 100,000 disabled persons were counted in 1998, including 132,000 of school age. The number of children abandoned in hospital precincts is estimated at over 1,000 a year.

PROGRAMME COOPERATION, 1998-2000

6. The 1998-2000 programme was designed to improve the well-being of children and women, especially with regard to health, education and protection. It was aimed at the most disadvantaged regions - the south and the high plateaus, with a total of 28 wilayate (departments). Under the health programme UNICEF contributed in 1998 and 1999 to the organization of two polio vaccination campaigns in these wilayate, where the average rate of polio vaccination coverage is 70 per cent, to the strengthening of the national epidemiological monitoring system, and to the improvement of the operational capacities of 1,276 doctors and paramedics in the field of maternal and child health. Two national surveys of nutrition and maternal mortality, carried out by the National Institute of Public Health (INSP) with UNICEF support, are being finalized.

7. UNICEF has supported the Government in its efforts to improve the quality of education, especially by incorporating global education in the teaching methods. To this end UNICEF supplied teaching and computer materials and equipment and organized training seminars for teachers from 25 primary schools, for the benefit of 10,000 pupils. UNICEF also contributed to the equipment of 100 school canteens in poor areas, benefiting 10,000 children, to the training of school doctors, basic education inspectors, and canteen managers, and to the production of management and food hygiene handbooks. Where literacy is concerned, 533 instructors received training, and 100 functional literacy classes were set up, catering for 3,000 persons in 10 wilayate.

8. UNICEF contributed to the establishment of a project on the psychological care of children victims of the violence by furnishing significant technical and material support. For example, 80 psychiatrists and psychologists, including 10 senior trainers, were trained in the techniques of caring for traumatized children, and they in turn trained almost a thousand teachers and inspectors. This project also helped to boost the national capacity to care for traumatized children by acquisition of 525 psychological tests, logistical support and psychological monitoring of children, and establishment of a trauma

documentation, information and training centre in INSP. A survey of the scope and impact of trauma among children was carried out.

8. UNICEF supplied specialized classroom equipment for sight impaired and mentally disabled children attending public primary schools. This pilot experiment contributed to the adoption of a national programme for the integration of disabled children. UNICEF also contributed to the production of information and awareness-raising materials on the prevention of accidents in the home. In addition, the programme strengthened the clinical and educational capacities of a day hospital for autistic and psychotic children. Two studies were produced (on child abuse and child labour) with a view to tackling the new problems confronting society.

10. UNICEF encouraged thinking and organized debates on the universal rights of children and the Convention on the Rights of the Child through inter alia the production of films, the mounting of a peripatetic photographic exhibition, the production and dissemination of information, education and communication (IEC) materials, including materials in braille, the training of technical staff, and the organization of colloquiums attended by representatives of governmental institutions, NGOs and universities, and by social workers.

11. A pilot project on community development was established in collaboration with UNDP and UNFPA in the Timimoun region, wilaya of Adrar, in the far south of the country. The UNICEF contribution is aimed in particular at the promotion of girls' education.

Lessons learned from recent cooperation

12. Project management in the field was effected sectorally and vertically owing to poor coordination among the institutions involved. If the projects are to achieve a high implementation rate the coordination among the different actors must be strengthened by means of cross-sectoral management.

13. Algerian society has experienced many different problems and changes. But the cooperation programme has not always kept pace with these changes. It became apparent during this period of cooperation that the programme should be reoriented in such a way as to respond better to the priority needs of children and women and fall into step with the evolution of the situation. This was why the child protection project was reviewed and adjusted in 1998. Priority was given to the care of children traumatized by the violence and to the increased protection of children living in physical or mental distress.

14. The office's capacity was weakened by the discontinuation of the monitoring and evaluation programme (1997), insufficient staff, and a precarious security situation, which severely restricted field visits. In order to respond to this situation it was found necessary to strengthen the means of programme monitoring and evaluation. As a result, two programme administrators were recruited to established posts, and an additional post of programme administrator was created in 1999. A monitoring and evaluation framework was also put in place.

15. Priority is still being given to improving the institutional machinery for monitoring and evaluating the recommendations of the United Nations Committee on

the Rights of the Child and its Committee on the Elimination of All forms of Discrimination against Women. For a long time the situation in the country did not allow best use to be made of the data collection machinery. That is changing in today's situation.

RECOMMENDED PROGRAMME OF COOPERATION, 2001

Estimated annual expenditure

(Thousands of United States dollars)

	Total
Regular resources	
Health	300
Education	260
Child protection	230
Advocacy and social communication	170
Cross-sectoral costs	125
Subtotal	1 085
Other resources	
Health	200
Education	200
Child protection	400
Subtotal	800
Total	1 885

Preparation of the country programme

16. This new programme was prepared in close collaboration with the Government and with other United Nations agencies. UNICEF, UNDP and UNFPA agreed with each other, and with the Government, to extend for one year (2001) the cycle of their respective programmes of cooperation. This decision is intended to allow the three agencies to prepare themselves better to support the Government in its new priorities and structural reforms. This extra year will also make it possible to consolidate what has been achieved in the present cooperation cycle (1998-2000), which was initially delayed owing to the difficult socio-political environment.

Goals and objectives of the country programme

17. The principal goals and objectives of the 1998-2000 country programme will be maintained. It will thus be aimed at improving the well-being of children and women in Algeria through an approach focused mainly on the consolidation of what has been achieved in health, education and social protection.

Programme strategy

18. The principal strategies will be required for with special emphasis on strengthening the cross-sectoral approach, on the monitoring and evaluation system, and on cooperation and complementarity among United Nations agencies. The year 2001 will be used for the detailed preparation of the next cooperation cycle (2002-2006) on the basis of the data produced by the various surveys and studies and of the lessons drawn from the evaluation of the current programme and cycle, giving particular consideration to the reforms introduced by the Government.

19. Health. Through the four provinces of the health programme (immunization programme, campaign against diarrhoeal diseases, maternal and child health, and acute respiratory infections (ARI)), UNICEF will continue to support the Government in its efforts to improve the rate of immunization coverage, eradicate measles and neonatal tetanus, eradicate polio, reduce neonatal mortality and mortality due to ARIs and diarrhoeas, and curb maternal mortality and malnutrition. A special intervention effort will be made in the five areas which will be identified on completion of the multiple indicator cluster surveys (MICS) currently being carried out. In order to improve the monitoring and evaluation capacity and the capacity to respond rapidly to specific situations UNICEF, in collaboration with WHO, will contribute to the improvement of the national health information system. UNICEF and WHO will support the Government in the introduction of the approach aimed at integrated treatment of childhood diseases, with a view to improving the efficiency of the health system.

20. Education. UNICEF will back the Government in its reform of the education system and in its efforts to reduce school drop-out rates, regional disparities and, depending on the type, illiteracy, mainly among women and girls, and to upgrade the quality of education. Within this framework, a national survey of the causes of drop-outs will be conducted, the concepts of global education will be extended to an additional 40 pilot schools in two poor and deprived wilayate (Adrar (far south) and Illizi (Ahaggar)) and the development of literacy activities with women and girls will be continued in the regions of the far south (Adrar, Ouargla, and Béchar). However, more thought will be given to the literacy project with a view to reconsideration of UNICEF activities in this field.

21. Child protection. This programme has two initial projects - disabled children, and children without families - which will be supplemented by the project on the care of traumatized children victims of the violence, set up in response to an emergency situation. The goal of this programme is to improve the physical and mental conditions of the lives of children needing special protection. To this end, the support for the care of children traumatized by the violence will be strengthened by means of technical and material inputs. The results obtained and the conclusions drawn from the child protection surveys carried out in 2000 will facilitate a better definition of the goals of the next cooperation cycle with a view to meeting the new needs of Algeria's children. In addition, UNICEF will continue to support the development of the national integrated classes programme by contributing to the opening of 10 new classrooms for mentally disabled and sight-impaired children. It will also contribute to

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Recommendation for funding for a short-duration country programme**

Iraq

Summary

The attached document contains a recommendation for funding from regular resources and other resources for the country programme in Iraq with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the allocation of $2,435,000 from regular resources, subject to the availability of funds, and $100,000 from other resources, subject to the availability of specific contributions, for 2001.

* E/ICEF/2000/14.

** The figures provided in the attached document are final and take into account changes in programme components in the mid-year review. They will be reviewed in the context of the annual discussion for regular resources and other resources programmable at the 2000 Annual Session.

00-54390 (E) 260700

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	10.6
U5MR (per 1,000 live births)	125
IMR (per 1,000 live births)	107
Underweight (% moderate and severe) (1998)	23
Maternal mortality rate (per 100,000 live births)	
Literacy (% male/female) (1995)	71/45
Primary school enrolment/attendance (% net, male/female) (1995–1996)	81/71, 88/80
Primary school children reaching grade 5 (%) (1998)	75
Access to safe water (%) (1998)	83
Routine EPI vaccines financed by Government (%)	70
GNP per capita ($US) (1997)	
One-year-olds fully immunized against:	
tuberculosis	76 per cent
diphtheria-pertussis-tetanus	86 per cent
measles	79 per cent
poliomyelitis	86 per cent
Pregnant women immunized against tetanus	45 per cent
Estimated year AIDS deaths	

The situation of children and women

1. Over the last decade, the infant mortality rate (IMR) and under-five mortality rate (U5MR) in Iraq have more than doubled to levels that now rank among the highest in the Middle East and North Africa region, making Iraq the only country in the region with rising U5MR trends. The 1999 child mortality survey, conducted in the 15 governorates of the south and centre of Iraq, showed a rise in U5MR from 56 to 131 per 1,000 live births from 1989 to 1999, and a high maternal mortality rate (MMR) of 294 per 100,000 live births. Child malnutrition rates have increased by more than 70 per cent. Child immunization coverage rates are still high, but measles and pertussis cases have increased over the 1990–1998 period, from 7,324 to 34,932 and from 488 to 1,045 cases, respectively. Sixty-six confirmed cases of polio were recorded in 1999, and the polio eradication goal remains elusive. Another area of concern is the low proportion of pregnant women immunized against tetanus (45 per cent), combined with the high proportion of home-based deliveries (65 and 61 per cent in the south and north, respectively). The current situation is in dramatic contrast to conditions that existed before the Gulf crisis, when free, high-quality public health and education systems contributed to much better social indicators.

2. The deteriorating and war-damaged infrastructure has reduced access to safe water to 90 and 83 per cent in urban and rural areas, respectively, from previous 1990 levels of 100 and 72 per cent. Compared to before the war, the daily per capita intake of safe clean water has decreased by one third in urban areas and by one half in rural areas. Water quality has deteriorated. The Ministry of Health and the World Health Organization (WHO) report the contaminating of 30 per cent of water samples in the southern governorates of Basrah and Thiqar, and an overall increase in water-borne diseases. The fatality rate for diarrhoeal diseases has increased fourfold. Sanitation is another serious concern, with an estimated 250 to 300 tons of untreated raw sewage discharged directly into rivers each day. Only 25 per cent of the population is now served by centralized sewerage systems.

3. The education sector is also in serious decline. Schools are not being maintained or repaired, and there

are severe shortages of basic school supplies, classroom furniture, textbooks and teaching aids. Lack of investment in teacher training and in teaching and learning materials has seriously affected the quality of education. An increasing number of qualified teachers are leaving the sector in search of better-paying jobs. These factors and economic hardship are pushing a growing number of children to leave school in order to work. School entry rates have dropped: only 67 per cent of six-year-old children were enrolled in 1999, compared to 88 and 87 per cent for boys and girls, respectively, in 1991.

4. The country's isolation and the "brain drain" during the last decade have taken a heavy toll on the availability of well-qualified staff in the social sectors, as well as on the capacity and motivation of counterpart institutions. The Government's ability to produce food, already weakened, has been dealt a further blow by the repeated droughts of 1999 and 2000.

5. Following ratification of the Convention on the Rights of the Child in 1994, Iraq submitted its first report to the Committee on the Rights of the Child in 1996. Iraq ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1986. The status of women in Iraq has traditionally been, and continues to be, high. An assessment of participation in decision-making by a group of Arab non-governmental organizations (NGOs), as part of preparations for the follow-up to the Fourth World Conference on Women, showed that Iraq was among the leading countries in the Middle East in terms of women's participation in Parliament.

6. Critical weaknesses have affected, and continue to affect, the implementation of the oil-for-food programme in south and central Iraq. Among them are the lack of a cash component for transportation and installation of supplies and for training; the short-term nature of the programme; and the reduced capacity for long-term planning in the social sectors. United Nations Security Council resolution 986 of April 1995, and the subsequent Memorandum of Understanding (MOU) signed by the Government and the United Nations, allowed a limited sale of Iraqi oil to pay for imports of food, medicine and other humanitarian supplies. Under the terms of the MOU, the 15 governorates of south and central Iraq are allocated 53 per cent of this revenue, and receive only supplies, and no cash component.

7. The United Nations system has the responsibility for implementing the programme in the three northern governorates of Iraq, which receive 13 per cent of oil revenues as both supplies and cash. The rest of the revenue goes to a fund created by Security Council resolution 705 of August 1991 (30 per cent), and to international bodies (4 per cent) for administrative costs, the management of the escrow account, and arms monitoring. In December 1999, the Security Council adopted resolution 1284. While some of its provisions, such as lifting the ceiling of oil sales and providing a cash component for south and central Iraq, have potential for improving the humanitarian situation, many political and technical issues will need to be resolved before the new resolution can be effectively implemented.

Programme cooperation, 1999-2000

8. Programme cooperation during the past two years has been based on three strategic priorities: the conduct of studies and assessments to monitor the impact of the situation on children and to contribute to UNICEF advocacy; the use of UNICEF regular and other resources to complement and supplement the oil-for-food programme by providing the critical cash required for the distribution of humanitarian supplies and their installation when required, and by supporting training and capacity-building; and support for service delivery to high-risk populations.

9. UNICEF support to training, micro-planning, logistics, social mobilization and vaccine supply (the last to fill gaps in the oil-for-food programme) helped to sustain immunization rates and to target high-risk districts for polio. The programme also supported training in safe motherhood and maternal health care; training of more than 3,000 health staff at central and peripheral levels in the control of diarrhoeal disease and acute respiratory infections; and a new training programme for nurses. During this period, UNICEF and WHO support also led to the adoption of the Integrated Management of Childhood Illnesses (IMCI) initiative in Iraq.

10. UNICEF has played a key role in assisting the Ministry of Health to tackle the problem of child malnutrition. With UNICEF support, an additional 882 community child care units (CCCUs) were established,

bringing the total to 2,182, and this number is expected to be exceeded by the end of 2000. During the first 11 months of 1999, the CCCUs screened a total of 1,014,172 children (40 per cent of the planned target population). In addition to providing high-protein biscuits and therapeutic milk to make up for the delay in oil-for-food programme supplies, UNICEF supported the training of CCCU volunteers and health staff in addressing malnutrition; provided for the transportation of all oil-for-food programme nutrition supplies; improved warehouse capacity for storing supplies at the governorate level; and assisted the Ministry of Health in establishing a comprehensive database for a nutrition information system.

11. Water and environmental sanitation (WES) services for approximately 6 million people were improved through rehabilitating water and sanitation infrastructure, which resulted in an increase in efficiency of systems by 10 to 35 per cent. UNICEF, in partnership with CARE International, supported the development of training materials, the training of 776 technicians and operators in all governorates, and the development of a computerized WES management information system, which is now being put in place. The Government and UNICEF are currently conducting a full assessment of the water and sanitation sector, which will lead to a strategic plan for efficient rehabilitation and sector development in the coming years.

12. Since 1997, UNICEF has supported rehabilitation or reconstruction of 300 primary schools, which has benefited at least 18,000 pupils in both urban and rural areas, and has had a positive impact on pupil attendance and morale. UNICEF supported teacher training and helped build the capacity of the Ministry of Education in planning and monitoring, through support to the decentralization of the computerized information system. UNICEF also supported the Education for All 2000 assessment and review, as lead agency.

13. The programme increased access to services for children with disabilities and for street and working children, and strengthened the institutional capacity of the Ministry of Labour and Social Affairs to manage and deliver these services. UNICEF provided material support to centres housing some 200 disabled children, and rehabilitated two other centres where street children were provided with facilities separate from juveniles in conflict with the law, which had not been the case before. Training of social workers was conducted in collaboration with *Enfants du monde*. UNICEF, with ministry support, assisted in a rapid appraisal of seven orphanages and institutions for street children, to enable better planning of future interventions. However, community-based rehabilitation for disabled children was not achieved as planned.

14. Successful UNICEF advocacy has drawn the attention of the international community and donors to the impact of the present situation on children and women in Iraq. The 1999 child and maternal mortality survey and the wide-ranging dissemination of its results were achievements in this regard. The programme also supported the reactivation of the Child Welfare Committee, which will be entrusted with the implementation and monitoring of the Convention on the Rights of the Child. UNICEF contributed to strengthening the national database and the capacity of the Central Statistical Organization (CSO) through training, regional information and experience exchange, as well as support to studies and surveys.

15. During the programme period, UNICEF discharged its responsibility under the oil-for-food programme. In the 15 central and southern governorates, UNICEF monitored the distribution of equipment and supplies purchased by the Government through the oil-for-food programme for the nutrition, water and sanitation and education sectors, and complemented in part the Government's lack of cash by using UNICEF programme funds for their distribution and installation. As of April 2000, a total of 8,483 field visits had been completed, monitoring $1 billion worth of supplies and equipment. In the three northern governorates, UNICEF was given the responsibility of planning, implementing and monitoring activities worth $305 million in the areas of health, nutrition, education, water and sanitation, and child protection.

Lessons learned from past cooperation

16. Given the cumulative impact of two wars and the continuing degradation in the social sectors, the objectives set for the 1999-2000 country programme (e.g., reduction by 20 per cent of child and maternal mortality) proved to be too ambitious. The resources allocated to the programme have contributed to addressing immediate needs, and at best have arrested

further degradation, but since UNICEF-supported interventions could not address the structural causes, a longer-term positive impact could not be ensured.

13. UNICEF comparative advantage throughout has been its country-level presence and ability to generate reliable information and analysis. Virtually all individuals and agencies (including Human Rights Watch, the International Committee of the Red Cross and members of the United States Congress) have used UNICEF statistics on mortality and malnutrition in advocating for Iraq's vulnerable groups. Successful surveys have also opened up avenues for further analysis of the situation of children, such as a second multiple indicator cluster survey (MICS) being conducted in 2000. A major achievement during the past cycle has been the shift towards addressing the quality of service delivery, while maintaining much-needed support to the physical rehabilitation of basic social infrastructure (schools, water and sewerage plants, Primary Health Centres). A case in point was the role of UNICEF in making a strategic change in the nutrition programme by including Primary Health Centres in the delivery of services and information, thereby increasing the coverage and quality of nutrition interventions.

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

	Total
Regular resources	
Health	417
Nutrition	419
Water and sanitation	307
Education	362
Child protection	193
Advocacy	116
Planning and social statistics	95
Cross-sectoral costs	544
Subtotal	2 453
Other resources	
Health	3 215
Nutrition	1 809
Water and sanitation	1 808
Education	1 909
Child protection	1 306
Subtotal	**10 047**
Total	**12 500**

Country programme preparation process

18. The programme preparation process was the product of active and regular discussions with the Government, United Nations sister agencies and NGOs, focusing particularly on the concerns related to, and the complementarity between, the oil-for-food programme and UNICEF programme. The 2001 programme will permit a comprehensive 10-year review of UNICEF cooperation in Iraq to determine what has been achieved in the 1990s and to identify the future strategic role of UNICEF within a longer-term framework.

Country programme goals and objectives

19. In the present context in Iraq, it will not be possible to depart significantly from 1999-2000 programme objectives. Thus, UNICEF will continue to support government efforts to reduce infant and under-five mortality and maternal mortality; reduce malnutrition among young children; increase access to sufficient quantities of potable water and waste disposal facilities; and increase school enrolment and primary school completion. UNICEF support will also promote and enhance protection measures for children with special vulnerabilities, and support the Government in the follow-up to the observations and recommendations of the Committee on the Rights of the Child. The situation of Iraqi children will continue to be documented and used for advocacy and social sector planning.

Relation to national and international priorities

20. The ad-hoc nature of planning within the framework of the oil-for-food programme does not permit setting clear national priorities and goals. Sector reviews and various studies are expected to contribute to filling this gap. This effort will continue into 2001 so that planning for the next country programme will coincide with the Government's efforts to develop a comprehensive five-year plan.

Programme strategy

21. Country programme resources will continue to be used to complement the oil-for-food programme by providing critical cash for distribution and installation of humanitarian goods and supplies, and by supporting training and capacity-building, which will be used to improve service delivery and the quality of services. Support to the much-needed physical rehabilitation of social sector infrastructure will be continued. Intersectoral and geographic convergence between programmes will be promoted, at both national and local levels, with special attention to high-risk areas. Studies and assessments will continue to be used for monitoring and for advocacy.

22. *Health.* Polio eradication will remain a priority in 2001, with continued support to provision of vaccines (where there are gaps in the oil-for-food programme), manpower incentives, cold-chain equipment and logistics for two National Immunization Days, and social mobilization. WHO will continue supporting monitoring and surveillance. UNICEF regular resources will support activities to promote safe motherhood and neonatal health. Through both regular and other resources, UNICEF will continue to support integrated approaches to prevention and management of childhood illnesses and the strengthening of primary health care services. New interventions will be designed for neonatal care, adolescent health and community-based health and nutrition education.

23. *Nutrition.* UNICEF will continue to assist the Ministry of Health in implementing the Targeted Nutrition Programme through establishing nutrition rehabilitation units in oral rehydration therapy corners in all Primary Health Centres to address severe malnutrition; through expanding the role of the CCCUs in supporting public health activities and prevention measures; and through upgrading technical skills of staff in governorates to develop a team of trainers in nutrition. Provision of iron and folate supplements to pregnant and lactating mothers, and support to salt iodization, will continue.

24. *Water and sanitation.* Regular resources will be used to strengthen planning and monitoring capacities through support to the WES management information system. The design of low-cost pilot sanitation schemes will be explored. Access to clean water and sanitation will be increased through support to

rehabilitation of existing WES schemes using other resources and oil-for-food programme supplies.

25. *Education*. The education programme will continue to support long-term government efforts to restore primary school enrolment to pre-1991 levels, reduce high repetition and drop-out rates, and increase primary school completion rates with a special focus on girls. More attention will be given to addressing issues of quality, improving data collection at local level, upgrading teachers' skills, developing teaching and learning materials, and improving school teaching and learning environments. School rehabilitation will continue, based on available donor funding.

26. *Child protection*. Present support will continue with a shift, however, from physical rehabilitation to quality of services. The concept of community-based rehabilitation for children in need of special protection will be introduced. UNICEF will promote appropriate policies and legislative measures, and contribute to improving the capacity of the Ministry of Labour and Social Affairs.

27. *Advocacy*. Major efforts will focus on empowering families through communication programmes for behavioural change, with particular emphasis on promoting the role of children as agents for change within the family. UNICEF will continue its efforts to report on and disseminate information on the situation of children and women in Iraq, through published and Internet-based information resources, audio/visual material, and donor and media visits.

28. *Planning and social statistics*. This programme will continue efforts to build the capacity of civil society organizations to collect, analyse and publish data on social indicators for women and children, in a regular and timely manner.

Monitoring and evaluation

29. The main objectives of this area in the one-year programme will be to ensure timely and correct assessment of the situation of children and women in Iraq, to conduct regular programme reviews with counterparts, and to develop a full-fledged integrated monitoring and evaluation plan (IMEP) for the next cycle.

Collaboration with partners

30. Due to the particular situation of Iraq, there is no United Nations Development Assistance Framework (UNDAF) process. Coordination of United Nations agencies is the responsibility of the United Nations Office for the Coordination of Humanitarian Affairs. UNICEF will continue to collaborate with all United Nations agencies: with WHO in polio eradication and child health; with the World Food Programme in nutrition; and with the United Nations Development Programmme in programme coordination and in studies such as those for the *Human Development Report*. Partnership will continue with the relatively few NGOs that are present in the country. Collaboration with funding partners will be pursued both in the country and externally, since most donors have no in-country presence.

Programme management

31. Intersectoral oversight of the country programme of cooperation will be assured through regular programme reviews by the government steering committee, which is chaired by the Ministry of Health. The country office management team will meet regularly to monitor programme and management performance through the use of quality assurance indicators. An annual management review will also be conducted.

COUNTRY : IRAQ
PROGRAMME: 2001

PROGRAMME SECTION/AREA AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS (#)										COST (US$)		
	XB	FUR	NOR	TOTAL	D2/P7	D1/P6	P5	P4	P3	P2	P1	GS	NO	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
HEALTH	417,500			417,500	0	0	0	0	0	0	0	0	1	1	152,087	0	152,087
PLANNING AND SOCIAL STATISTICS	95,500			95,500	0	0	0	0	0	0	0	0	1	1	0	44,831	44,831
WATER AND SANITATION	307,000			307,000	0	0	0	0	0	0	0	0	0	0	0	0	0
NUTRITION	419,000			419,000	0	0	0	0	0	0	0	0	1	1	0	44,831	44,831
EDUCATION	562,000			562,000	0	0	0	0	0	0	0	0	1	1	0	34,438	34,438
ADVOCACY	156,000			156,000	0	0	0	0	0	0	0	0	1	1	0	34,438	34,438
CROSS-SECTORAL COSTS	344,000			344,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION	193,000			193,000	0	0	0	0	0	0	0	0	1	1	152,087	147,204	299,291
															0	0	0
TOTAL XB	2,453,000			2,453,000	0	0	0	0	0	0	0	0	5	5	304,174	303,744	607,918
OTHER RESOURCES :																	
HEALTH		0	3,215,000	3,215,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND SANITATION		0	1,808,000	1,808,000	0	0	0	1	0	0	0	0	1	1	0	191,196	191,196
NUTRITION		0	1,809,000	1,809,000	0	0	0	0	0	0	1	0	1	1	152,087	60,433	212,520
EDUCATION		0	1,939,000	1,939,000	0	0	0	0	0	0	1	0	1	1	198,253	58,694	256,948
CHILD PROTECTION		0	1,936,000	1,936,000	0	0	0	0	0	0	1	0	1	1	152,087	79,513	231,600
															0	89,909	89,909
TOTAL OR		0	10,947,000	10,947,000	0	0	1	1	0	0	4	0	6	11	502,426	479,745	1,086,171
TOTAL RR & OR	2,453,000	0	10,947,000	12,500,000	0	0	1	1	0	0	4	0	6	16	806,600	783,489	1,694,089
Staffing					0	0	1	1	0	0	2	0	6	10	0	0	0
GRAND TOTAL (XB + OR + SB)					0	0	1	1	0	0	2	0	11	15	806,600	783,489	1,694,089
Number of posts and staff costs: Current programme cycle					0	0	1	1	0	0	2	0	11	15	806,600	783,489	1,694,089
At the end of proposed programme cycle (indicative only)					0	0	1	1	0	0	2	0	11	15	806,600	783,489	1,694,089

XB = regular resources
OR = other resources
FUR = funded other resources
NOR = new other resources
IP = International Professional
NO = National Professional
GS = General Service
SB = Support budget

a/ Post level requirements of the funding source, subject to the country programme allocation.
b/ Excludes temporary professional and project.

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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Jordan

* E/ICEF/2000/14

** The figures provided in the present document are final and take into account unspent balances of programme components at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.37).

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	1.1
U5MR (per 1,000 live births)	30
IMR (per 1,000 live births)	30
Underweight (% moderate and severe) (1997)	38
Maternal mortality rate (per 100,000 live births) (1998)	41
Literacy (% male/female) (1997)	59/34
Primary school enrolment (% net, male/female) (1997)	90/90
Primary school children reaching grade 5 (%) (1997)	70
Access to safe water (%) (1997)	86
Routine EPI vaccines financed by Government (%) (1997)	100
GNP per capita (US$)	1,600
One-year-olds fully immunized against:	
tuberculosis	100 per cent
diphtheria pertussis tetanus	96 per cent
measles	86 per cent
poliomyelitis	100 per cent
Pregnant women immunized against tetanus	100 per cent

The situation of children and women

1. Jordan's strong political commitment to child rights and social services has resulted in major achievements in child survival and development. The infant mortality rate (IMR) and under-five mortality rate (U5MR) are 30 and 36 per 1,000 live births respectively (1998), and the maternal mortality rate (MMR) is estimated at 41 per 100,000 live births, according to government statistics. The country's population is growing at 3.4 per cent per annum and is young: about 52 per cent of Jordan's population is below the age of 20, and those between the ages of 10 and 19 constitute more than one quarter of the total population.

2. Primary school net enrolment rates are high (about 90 per cent for both boys and girls). However, school enrolment drops off for older children: only 52 and 54 per cent of boys and girls, respectively, are enrolled in secondary school. Girls and young women account for only 19 per cent of those enrolled in vocational apprenticeship courses. Compared to boys, girls tend to be enrolled in college and university programmes that are less likely to lead to employment.

3. A 1998 UNICEF-supported survey showed that 16 per cent of the females aged 15 to 24 who were ever married were under the age of consent. Of the same ever-married females, 18 per cent became pregnant before the age of 18, 6 per cent experienced miscarriage and 10 per cent terminated their pregnancies unsuccessfully. The same survey also revealed that many young men and girls accept female participation in public life. Of the 15- to 24-year-olds aged 20 to 24 who married or formed partnerships at whatever age, only 10 per cent of the women and 6 per cent of the men had completed secondary education or more. While 83 per cent of women are allowed to visit friends/relatives unaccompanied, only 46 per cent are allowed to visit other homes on their own. Some 16 per cent of women are not allowed to receive a doctor unaccompanied.

4. Fifty-five per cent of adolescents believe that the most appropriate age for girls to be married is under 21 years of age. Fifty-six per cent of ever-married females are married before reaching their twentieth birthday and 1 out of 12 women has lost their child before age 18. About one third of adolescents ignore or are incorrectly informed about sexually transmitted diseases. Nearly one quarter smoke cigarettes or have tried smoking. Girls have fewer opportunities to socialize than boys and have less access to information. One example is that only 3 per cent of adolescent girls

belong to youth clubs and social organizations, as compared to 11 per cent of boys.

Programme cooperation, 1998-2002

3. The current programme of cooperation was designed to support the Government in implementing and monitoring the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, contribute to achieving and maintaining quality standards in social services, and support sustainable development at the community level, particularly for its urban poor.

4. The country programme has four programmes: child rights, maternal and child health, education, and community empowerment. Within the maternal and child health programme is the healthy life skills project which covers Jamaica and seeks to improve adolescent and child-rearing knowledge and practices affecting their health and that of their families.

Justification for additional funds

5. The UNICEF Executive Board approved the current country programme of cooperation (CCPC) programme in conformity with a total budget of $5.6 million, including a ceiling of $1.1 million for other resources (regular resources). During the preparatory phase of this country programme, it was first envisaged that the project for life skills would be on a large scale.

6. During the first year of the programme implementation in 1998, it was found that there was a pressing need to increase the scope of the healthy life skills project and to build the capacity of service providers working with adolescents and youth. Negotiations with donors were initiated and subsequently, in 1999, the UNICEF office applied for and received $300,000 in other resources for the planning phase of an expanded project for adolescents which would give special attention to girls.

7. A firm commitment of resources was obtained for the year 2000, and UNICEF has already received a firm commitment for $1.8 million from donors for the project for the period 2001 to 2002. The total amount expected, therefore, exceeds the other resources ceiling for the entire five-year programme of cooperation. An additional amount of $2 million is thus requested for the maternal and child health programme.

Healthy life skills project

10. The United Nations Population Fund (UNFPA) has been one of the major partners in the planning stage of this project. During the preparation phase, it was decided that UNFPA, which is also obtaining funds for a project for adolescents, would be responsible for reproductive health issues. UNICEF will continue to promote collaboration with UNFPA, non-governmental organizations (NGOs) and other United Nations agencies in all stages of project implementation.

11. The project's preparation phase included research and reviews, and the organization of a Youth Forum and a Future Search Conference for Youth (50 per cent of participants being girls) in order to identify priority areas for action. It was found that the following issues would need to be tackled in order to achieve sustainable progress towards country programme goals: inadequate information for youth, especially disadvantaged youth and girls in need of special protection; gender inequalities in relation to opportunities for education, employment and participation; limited access to opportunities for development of skills and potential; and poor communication skills, attitudes and values in parents and between girls and boys.

12. The expanded project will strengthen the capacity of youth to participate in decisions affecting their lives and will promote gender equality, tolerance, conflict resolution, communication and leadership skills. The project will benefit some 15 000 adolescents and youth (of which 50 per cent will be girls) and 6,000 service providers (of which 150 per cent of whom will be women).

13. Through working with the Statistical Department of Statistics and other research institutions, the project will support the development of a knowledge base on Jamaican youth, 10 to 24 years of age, disaggregated by age, gender, marital status, schooling, geographic location and employment status. Quantitative and qualitative studies will address the need for indicators for the expanded project.

14. Targeted training courses, especially for adolescent girls, will increase the proportion of and opportunities for young women entering the labour

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Iraq. Youth from different geographical areas in the country will be trained in peace issues, leadership and life and participation skills. The project will support pilot livelihood interventions targeting youth from selected geographic locations.

(3) To aid and promote participation of adolescents and boys through support to youth centres and organizations. The project will build the capacity of service providers to enable them to plan and implement gender-sensitive and participatory programmes for adolescents and youth.

(4) An evaluation or review report will be prepared towards the end of the project. An advisory board will be formed to oversee progress and guidelines for implementation of the project. The board will include members nominated from the Ministry of Youth and Sports, the National Task Force for Children, the Kurdistan Department of Statistics and Information, Local Aid Coordination Authority, Local Aid Coordination Agency, the Children Council Project (CCP), UNICEF and youth representatives.

Estimated annual expenditure

(In thousands of United States dollars)

Material and contractual assistance	1 000	1 000	2 000
Total	1 000	1 000	2 000